# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on**
**FFY 2023**

## Pennsylvania



**PART B DUE February 3, 2025**

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

# Introduction

## Instructions

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

## Intro - Indicator Data

### Executive Summary

School Age Programs (Bureau of Special Education)

In FFY 2023, there were approximately 1.7 million students enrolled in Pennsylvania's public schools, with 20.1% of these students receiving special education services. The state has 500 school districts and 176 charter schools. These entities serve as the responsible Local Education Agency (LEA) for the provision of a Free Appropriate Public Education (FAPE) for students with disabilities. The Pennsylvania Department of Education (PDE) provides general supervision of all public schools, school districts, and other public education agencies within the state. The PDE also has comprehensive systems for the provision of technical assistance and professional development, as described in detail in the next sections of this report.

Elementary and Secondary School Emergency Relief II funding applications opened on January 15, 2021, and once awarded, may be applied to costs dating back to the onset of the national emergency (March 13, 2020) and were available through September 30, 2023. Additional information on the distribution of these funds is available on the PDE website.

Beginning on January 15, 2023, and in accordance with guidance from the Office of Special Education (OSEP), the Office for Dispute Resolution (ODR) is no longer responsible for calculating the 15-day resolution meeting timeframe and the 30-day resolution period for the parties. This responsibility has been shifted to LEAs that are in turn asked to provide the hearing officer with the dates they received due process complaint notices from parents. The hearing officer uses those dates to calculate the decision due dates. In addition, the LEA is now responsible for calculating the 15 and 30-day time frames based upon the date it received due process complaint notices from parents and provides this information in the Resolution Meeting Data Form, which the Bureau of Special Education (BSE) uses to document its compliance obligations.

The Bureau of Special Education (BSE) is responsible for the general supervision of Part B School Age programs, safeguarding the IDEA and state regulations and requirements and ensures all instances of systemic and child specific noncompliance are identified and corrected in accordance with OSEP 23-01.

BSE is committed to providing the necessary support and technical assistance to LEAs so students with disabilities receive a free and appropriate public education in the least restrictive environment and are prepared to transition from school into adult life reaching their desired post school outcomes. For this reason, the BSE's priorities focus on four pillars of the system alignment of Attract, Prepare, and Retain of qualified special education professionals, Collaborative Partnerships with a focus on family engagement and collaborative resolutions, and Post School Outcomes while using Evidenced Based Practices. Each of the Pillars is considered with an emphasis of the foundations of Least Restrictive Environment, Students with high incidence and low incidence disabilities while ensuring access and opportunity for all students in the Commonwealth.

These priorities support the BSE's commitment to work collaboratively with OSEP, families, educators, and advocacy organizations to ensure delivery of a FAPE that benefits students with disabilities and protects students' rights under the Individuals with Disabilities Education Act (IDEA).

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

The Pennsylvania Office of Child Development and Early Learning, Bureau of Early Intervention Services and Family Supports (BEISFS) contracts with 34 intermediate units, school districts, and agencies for the provision of Part B 619 Preschool Early Intervention (PSEI) services to eligible young children and their families. BEISFS partners with the Pennsylvania Department of Education and the Department of Human Services on the development and implementation of policy and guidance for local Early Intervention (EI) programs.

BEISFS provides general supervision of both the Part C Infant Toddler (ITEI) and the PSEI programs and ensures that the EI program meets IDEA and state regulations and requirements. Through the general supervision system, BEISFS ensures that all instances of systemic and child-specific noncompliance are identified and corrected.

BEISFS works in partnership with two primary stakeholder groups, the Part C State Interagency Coordinating Council (SICC) and the preschool and school age Special Education Advisory Panel (SEAP). BEISFS collaborates with two federal Parent Training and Information Centers and Community Parent Resource Centers. BEISFS provides a comprehensive technical assistance and professional development system, through Early Intervention Technical Assistance (EITA), that supports both the Part C and Part B 619 EI leadership, service providers, and families. Pennsylvania's State Professional Development Grant, Success for Pennsylvania's Early Learners (SPEL) is a collaborative effort across school-age special education, Part B 619, and Part C EI, providing professional development activities focused on the Part C SSIP.

**Additional information related to data collection and reporting**

School Age Programs (Bureau of Special Education)

Pennsylvania uses a comprehensive, integrated monitoring system (IMS). The IMS data management system provides student level individual corrective action reports, system wide corrective action reports and system wide improvement planning reports to ensure a multidimensional approach to enforcing compliance and leveraging technical assistance for Part B in Pennsylvania.

Data in IMS are routinely and rigorously analyzed by BSE staff for fiscal and programming compliance of Pennsylvania's LEAs across educational settings. The integrated system provides robust reports that support supervision of program management, improvement processes and procedures, and correction of identified noncompliance. IMS affords Pennsylvania the ability to exercise data driven enforcement and technical assistance for continuous compliance and improvement.

**Number of Districts in your State/Territory during reporting year**
677

**General Supervision System:**

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

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

School Age Programs (Bureau of Special Education)

PDE's Bureau of Special Education (BSE) focuses significant personnel and resources on monitoring LEA's compliance and outcomes. The BSE monitors all school districts and charter schools on a six-year cycle. Therefore, roughly one-sixth of all LEAs, averaging 85 LEAs, are monitored each year except for any LEA with an average daily membership of over 50,000 students. In this case, monitoring occurs annually. LEAs are selected for monitoring based on where each LEA lands in the six-year cycle. In addition, county prisons and detention facilities, as well as other facilities where children are placed by a public entity, e.g., residential treatment facilities and private residential rehabilitation institutions, are monitored on a six-year cycle. State juvenile facilities and state correctional institutions are monitored on a three-year cycle.

In addition to cyclical monitoring, the BSE conducts focused monitoring. Topical areas for focused monitoring are selected based on data reported in Pennsylvania's State Performance Plan/Annual Performance Report (SPP/APR) and recommendations from the Special Education Advisory Panel (SEAP) committee and other stakeholder groups. The SPP Indicator focused monitoring occurs at least once a year.

Target monitoring of any LEA may also occur at the BSE discretion when information from any formal or informal source, including credible allegations through complaint or other dispute resolution data, press, or direct communication with the BSE, suggests a pattern or systemic concern that warrants review.

In FFY 2023, the BSE conducted on-site cyclical monitoring of 89 school districts, 37 charter schools, 21 correctional facilities, and 7 private residential rehabilitation institutions, partial hospitalization programs and residential treatment facilities. The BSE also conducted several SPP/APR on-site reviews, which occurred when analysis of 618 or other SPP/APR data indicates potential noncompliance. A description of how the BSE identifies and corrects noncompliance for specific SPP/APR indicators is included within each of those indicator sections of this report.

Fiscal Monitoring

The BSE's Division of Analysis and Financial Reporting is responsible for monitoring Part B 618 and 619 subrecipients' compliance with IDEA, GEPA, EDGAR, and the OMB Uniform Guidance. Monitoring occurs on a cyclical basis; BSE reserves the right to monitor when an area of concern is identified. The risk assessment tool looks at risk factors for grant recipients regarding an IDEA policy, procedure, practice, or other requirement that raises one or more potential implementation or compliance issue. This permits the BSE to adjust supervision, monitoring, oversight and training and technical assistance based on the risk factor identified by the tool.

Subrecipients of IDEA federal funds are selected for fiscal monitoring as follows:
- Cyclical Monitoring
- Risk Assessment
- Other Monitoring
- Cyclical monitoring consists of monitoring all subgrantee Intermediate Units (IUs) every three years. This method ensures that BSE monitors all subrecipients receiving IDEA Part B 611 funds within a three-year cycle.

IDEA Part B Administrators are required to perform an annual risk assessment of all IUs and Approved Private Schools (APs) that receive IDEA Part B 611 funds using a tool constructed for this purpose. This tool looks at any potential risks that may cause the entity to be vulnerable in the implementation of an IDEA policy, procedure, practice, or other requirement that raises one or more potential implementation or compliance issues.

As mentioned above, the BSE fiscal team reserves the right to monitor any subrecipient at any time for any reason other than those identified in cyclical or risk-based monitoring. A subrecipient may be scheduled for further monitoring based on BSE's own fiscal review.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

BEISFS implements a 4-year cycle for monitoring both ITEI and PSEI programs. Approximately 20 programs are monitored each year of the cycle. In FY 2023, nine ITEI programs and 10 PSEI programs were monitored. Monitoring events are scheduled to ensure a mix of ITEI and PSEI programs, geographic regions, and program size. EI programs are monitored beginning in September with notice to the program. After the notification letter is issued, the process begins with observations, interviews, and review of the program's policy and procedures. During January through June of each fiscal year, monitoring includes an onsite visit of 2-3 days. Additional monitoring events visits occur at the discretion of BEISFS if, during the monitoring cycle, there is a significant decrease in performance or if individual or systemic areas of noncompliance are identified.

PSEI programs are assigned a BEISFS advisor who, as the primary contact to the PSEI, is responsible for monitoring, compliance issues, complaint issues and policy requirements. Advisors have contact with their PSEI programs during monitoring and validation, development and review of Quality Enhancement Plans (QEP), and complaint investigations.

While one BEISFS advisor (the primary contact for the PSEI program) is the verification chairperson, a team of approximately 4 – 6 members participate in the verification. The team includes: the assigned EITA consultant, a peer from another PSEI program, and one to three additional BEISFS advisors, as appropriate to the size of the PSEI program. Monitoring activities include review of child records, observation of service delivery, interviews of supervisors, staff, and families, review of program procedures, review of fiscal reports, and review of data sources as needed.

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

School Age Programs (Bureau of Special Education)

Cyclical Monitoring

In order to determine an LEA's compliance with IDEA requirements during cyclical monitoring, there are three formal lists of student files by name provided to the LEA for review:
1. Educational Benefit Review random sample of student for monitoring (10 files),
2. Federal child count report (10 files),
3. Random sample of students for monitoring (10 files), including a backup group of files (10 files).

In addition to the formal lists above, in preparation for the onsite review, the LEA is instructed to provide the BSE a list of students whose files include one or more of the provisions (topical areas) listed below:

- Assistive technology (maximum of 10 files),
- Restraints (maximum of 10 files),
- Confidentiality (maximum of 10 files),
- Dispute resolution (maximum of 5 files),
- Exclusions; suspensions and expulsions
  - Group 1: all students with disabilities except those with intellectual disability,
  - Group 2: all students with intellectual disability
- Independent Educational Evaluation (maximum of 10 files).
- Provisions of Extended School Year services (maximum of 10 files),
- Caseload and age range discrepancies and exceptions (maximum of 10 files),
- Public school enrollment (maximum of 10 files),
- Surrogate parents and wards of State (maximum of 10 files),
- Intensive Interagency Approach (maximum of 10 files),
- Summary of Academic and Functional Achievement (maximum of 10 files),
- State Performance Plan Indicator 13 (required 10 files)

Focused Monitoring

During the State Performance Plan Indicator specific focused monitoring, files are selected based on data reported in Pennsylvania's State Performance Plan/Annual Performance Report.

The Indicator-specific file reviews are:

- Indicator 4: all files of students with disabilities who were suspended or expelled out of school for more than 10 days in the reporting year are reviewed.
- Indicators 9: all files of students with disabilities who were evaluated (initial or reevaluation) and meet the race/ethnicity category that may represent disproportionality in the reporting year are reviewed.
- Indicator 10: all files of students with disabilities who were evaluated and meet both the race/ethnicity category and disability category that may represent disproportionality in the reporting year.
- Indicator 11: all files of students with disabilities who were initially evaluated in the reporting year.

When findings of noncompliance are issued, the LEA is informed of the regulation violated and is required to develop a BSE approved and monitored corrective action plan. The procedures require systemic correction of policies, procedures and practices and verification of correction through file review, consistent with OSEP QA 23-01. Updated data must demonstrate 100% compliance with regulatory requirements prior to closure of corrective action The BSE requires student-specific correction for all citations of noncompliance and ensures the information reviewed to determine systemic correction represents the population served within the LEA, and that no outstanding corrective action exists under a state complaint or due process hearing decision. The BSE maintains documentation and evidence demonstrating that each LEA has corrected each individual case of the previously noncompliant files, records, data files or data source used to identify the original noncompliance, if applicable, and that the review of updated data and information did not reveal continued noncompliance.

All corrective action must be completed within one year of notification of a finding of noncompliance. Should an LEA fail to correct noncompliance, BSE has clearly defined enforcement procedures, as described in the Basic Education Circular titled Special Education Compliance.

When findings of noncompliance are issued to an LEA through web-based monitoring systems, the BSE informs the LEA of the regulation that is being violated (linked to federal and state regulation) and directs the LEA to complete corrective action through a Corrective Action Verification Plan (CAVP). The CAVP is systemically linked to technical assistance resources through the Pennsylvania Training and Technical Assistance Network (PaTTAN) and Intermediate Unit (IU) systems (see description in the Technical Assistance below). The CAVP requires correction of policies, procedures, and practices to ensure systemic correction, and includes specific required corrective action/evidence of change, timelines and resources, and tracking of timelines and closure. The BSE monitors implementation of the CAVP primarily through on-site visits that include review of revised policies, and procedures, and correction of practices as evidenced by update data in representative sample of student files. All corrective action must be completed within one year of notification of a finding of noncompliance. Because the system is web-based, BSE is effective in tracking progress in closing CAVP and can capture real-time data about the status of corrective action. The CAVP is monitored until all corrective action has been completed.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

A child record sample is selected from the PELICAN-EI data management system. The child record sample represents 5% (or a minimum of 10 to a maximum of 30) of the PSEI program's aggregate number of enrolled children. Targeted record samples are also selected and include variables such as:

- children who have been evaluated but found not eligible;
- children who have exited the program or are no longer eligible;
- children who are not receiving services with typically developing peers;
- children transitioning to preschool EI or other community services;
- children transitioning to school age, and
- children eligible for services over scheduled breaks.

The total number of potential child records reviewed ranges from 35 – 80. In general, child records will be reviewed back one year from the date of the monitoring. The monitoring team may choose to review more child records to verify a result.

The BEISFS advisor is responsible for ensuring all identified instances of noncompliance are validated and corrected within one year from the issuance of the monitoring report. To verify that PSEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements, the BEISFS advisor reviews a sample of child record data. The data are reviewed through the PELICAN-EI data system and confirm that the PSEI program is correctly implementing the regulatory requirements found to be out of compliance. In addition, PSEI programs develop and submit a QEP to address correction of all areas of noncompliance. All QEPs are approved by BEISFS advisors and implementation of the QEP is validated within one year of issuance of the report on findings. BEISFS Advisors review documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation includes the review of updated local policies and procedures and/or documentation of staff training on new procedures.

For each individual instance of noncompliance, BEISFS advisors reviewed child record data to confirm that all noncompliance was corrected.

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

School Age Programs (Bureau of Special Education)

The PDE statewide longitudinal data system is improving data capabilities by enhancing school districts' capacities to meet student-level data reporting requirements and provide robust decision support tool. Pennsylvania Information Management System (PIMS) is based on open internet standards that enable sharing among diverse, otherwise incompatible systems and include safeguards for data quality and security. PIMS is the data system for the SPP/APR Indicators 1, 2, 4, 5, 9, and 10. Indicator 3 system John.... Indicators 8 and 14 are surveys distributed, collected, and disseminated via a separate contracted data system (Leader Data Systems). Indicator 11 data is collected from LEAs via a spreadsheet template which is submitted on an cyclical schedule. Indicator 13 data collection is embedded into the cyclical monitoring system which utilizes internet data system. Indicators 15 and 16 data are from the Office of Dispute Resolution and entered into a spreadsheet template which is collected and disseminated annually.

Records are reviewed for the Federal Fiscal Year (FFY) of the report for all Indicators with the exception of Indicators 9 and 10 which include the previous and current FFY.

The BSE Fiscal Review monitors the performance of subrecipient Intermediate Units concerning the IDEA-B funds that pass through the Intermediate Unit to the public schools and charter schools. The review is conducted to determine and to document compliance and validate that compliance with IDEA, GEPA, EDGAR, This process is part of Pennsylvania and Federal Uniform Guidance. Each Intermediate Unit is reviewed on a cyclical basis, with a minimum review interval of every three years, and more frequently if deemed necessary. The Bureau of Special Education utilizes the eGRANT system along with supplementary documents to manage and verify compliance. Within 30 days of the conclusion of the review, each Intermediate Unit will receive a copy of the final report, which details the contents of the review. Any findings, and associated corrective actions, will be communicated to the Intermediate Unit on the final report.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Pennsylvania uses a comprehensive data management system, PELICAN-EI, that enables the review of individual child and statewide data. The data management system supports referral information, service coordination activities, planning information, financial management, quality measures and other reporting needs for BEISFS. PELICAN-EI generates evaluation and educational plan documents. The information in PELICAN-EI is used to create reports to assist in program management, verification processes, including the development of child record samples, and the identification and correction of noncompliance. Rigorous analysis of the data on a monthly, quarterly and annual basis allows BEISFS to ensure data driven decision making for quality improvement.

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

School Age Programs (Bureau of Special Education)

The BSE issues findings of noncompliance by LEA.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

BEISFS issues findings of noncompliance by PSEI program.

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

Not applicable

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

School Age Programs (Bureau of Special Education)

When an LEA does not achieve compliance within one year of notification, the LEA's annual determination on meeting the requirements of IDEA is less than meets requirements and is ineligible to take advantage of 50 percent Maintenance of Effort (MOE) option under IDEA. In addition, if the LEA is determined to need assistance for two consecutive years, the PDE must take enforcement actions, including, among others, requiring the LEA to access Technical Assistance or directing the use of LEA funds to the area(s) where the LEA needs assistance. If an LEA needs intervention for three consecutive years, the PDE must take one or more enforcement actions, including among others, requiring a corrective action plan, or withholding further payments to the LEA. Any time an LEA needs substantial intervention the state must take immediate enforcement action, such as withholding funds or referring the matter to the PDE's legal team for appropriate enforcement.

Consequently, when the LEA does not succeed in obtaining prompt compliance, the PDE takes more rigorous steps to ensure that the compliance issue is resolved within 30 calendar days of the deadline specified for the corrective action. Such enforcement action may include, but is not limited to, the following measures:

> • A local special education plan or annual report may be disapproved and, in the case of a charter school, the chartering entity will be notified of the noncompliance;

> • Consistent with state and federal law, the disbursement of funds, including basic education funding, may be deferred pending resolution of the issue, and in the case of a charter school, the PDE may direct the chartering entity to take appropriate action;

> • Action consistent with state and federal law may be taken to reduce the amount of funds paid to the LEA, MAWA holder, or other public agency to offset the amount of money needed to provide an education to a particular child or children if an LEA, MAWA holder, or other public agency is unwilling or unable to provide services;

> • The PDE may seek court action against the LEA, MAWA holder, or other public agency to obtain an order requiring it to take specific actions consistent with state and federal law;

> • The PDE may join in legal action initiated by parents; or

> • The PDE may take action affecting the commission of the superintendent or other commissioned officer responsible for administering the educational program.

Violations of federal laws and regulations governing children with disabilities can form the basis of the nonrenewal or termination of a charter.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

BEISFS ensures that IDEA and state requirements are met through its general supervision system. PSEI programs must develop a QEP to correct systemic and child specific noncompliance, which are approved by BEISFS. QEPs are based on findings of noncompliance from monitoring events and the determination process. The QEP identifies specific programmatic outcomes and how progress will be measured. The QEP is a flexible document that is updated annually, or as additional needs arise. If a PSEI program does not correct noncompliance according to timelines, additional procedures are implemented.

Additional support and/or onsite visits from BEISFS occur at the discretion of BEISFS if, during the monitoring cycle, there is a significant decrease in performance or if individual or systemic areas of noncompliance are identified.

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

School Age Programs (Bureau of Special Education)

The U.S. Department of Education Office of Special Education Programs (OSEP) requires state to make annual determinations on the performance of each Local Education Agency (LEA) in implementing the requirements and purposes of IDEA – Part B, regarding the provisions of special education and related services. Determinations are a way of designating the status of LEAs into one of four categories as outlined in IDEA.
These categories are:
- • Meets Requirements    • Needs Assistance    • Needs Intervention    • Needs Substantial Intervention

LEA determinations are based upon the most recent data reported in Pennsylvania's SPP/APR under IDEA, analyzing the performance of each LEA. However, the PDE will consider more recent data that will show correction.

The BSE considers the following factors when making annual LEA Determinations. Each factor is equally weighted, except for Other Administrative Concerns. This category includes additional and other factors not listed that have come to the attention of the BSE Leadership and can alone override any and all other factors in this process.

> • Cyclical Monitoring – LEA was monitored, and corrective action has been closed within 1-year timeline;

> • Complaints – LEA had at least one complaint with findings, and corrective action has been closed or is within 1-year timeline;

> • Indicator 4A – SPP follow-up monitoring was required, and corrective action was closed or is within 1-year timeline;

> • Indicator 4B - SPP follow-up monitoring was required, and corrective action was closed or is within 1-year timeline;

• Indicators 9 - SPP follow-up monitoring was required, and corrective action was closed or is within 1-year timeline;

• Indicator 10 - SPP follow-up monitoring was required, and corrective action was closed or is within 1-year timeline;

• Indicator 11 - SPP follow-up monitoring was required, and corrective action was closed or is within 1-year timeline;

• Indicator 13 - SPP follow-up monitoring was required, and corrective action was closed or is within 1-year timeline;

• Data
       • Timely - Data were submitted in accordance with state-imposed timelines, or within extensions properly granted by the BSE;
       • Accurate – Data were certified as accurate by the LEA and passes all edits checks. LEA did not have any instances of late or inaccurate data submissions revealed.

• Fiscal – Part B grant application was received within the required timeline; no unresolved single audit findings; no unresolved MOE issues.

• Other Administrative Concerns: There are no unique LEA administrative and/or programmatic issues to indicate the LEA is at risk or unable to meet the requirements of IDEA.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Annual determinations issued in 2024 are derived from data collected and reported in FY 2022. PSEI programs were notified of their determination in January 2024.

The determination process uses a common set of performance measures with evidence gathered from APR/SPP indicators, Family Survey responses and return rates, PELICAN-EI, referral data, personnel qualification data, complaint data, and data quality indicators. Criteria for each outcome area result in a determination level of either Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. Based on the determination results, PSEI programs develop a QEP with strategies to correct identified noncompliance.

Programs that receive a determination level below "Meets Requirements" in a performance measure must address any noncompliance that has been identified and develop quality improvement activities to address it. Program performance in the outcome area of "Compliance" that is less than 100%, despite the determination level of "Meets Requirements" must address each data element. All noncompliance and quality improvement activities will be documented within the QEP.

In addition, local PSEI programs participate in differentiated support activities identified by the BEISFS. These activities are individualized, based on the determination levels received in each outcome area and as compared to prior years' determinations. As appropriate for the identified program needs, BEISFS will develop teams with the expertise to provide differentiated support activities. These activities may include: providing technical assistance to address the areas in which the PSEI program needs assistance, providing assistance in identifying and implementing professional development on evidence-based practices for EI service delivery, providing assistance in the production of data reports, review and analysis of data, and the use of data for program improvement, identifying the PSEI program as "high-risk" and imposing special conditions on the program's allocations, and directing the use of administrative funds to area in which the PSEI program needs assistance.

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

School Age Programs (Bureau of Special Education)

https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/special-education.html

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Links to BEISFS's general supervision policies, procedures, and processes can be found on Pennsylvania Department of Education's Early Intervention page (https://www.education.pa.gov/Early%20Learning/Early%20Intervention/Pages/default.aspx ) and the Department of Human Services' Early Intervention page (https://www.dhs.pa.gov/Services/Children/Pages/Early-Intervention-Services.aspx ) .

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

School Age Programs (Bureau of Special Education)

The Pennsylvania Training and Technical Assistance Network (PaTTAN), as the training arm of the Bureau of Special Education, is the primary mechanism that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance, and support to LEAs in addressing the needs of students with disabilities. PaTTAN is designed to directly support the efforts and initiatives of the BSE to build the capacity of IUs and LEAs to serve students receiving special education services. Training and technical assistance (TA) are primarily tied directly to federal regulatory requirements. PaTTAN provides a continuum of evidence-based TA designed to help LEAs improve outcomes for students with disabilities. PaTTAN supports schools, families, educators, students, and administrators through multiple statewide initiatives.

PaTTAN also offers multiple TA opportunities throughout the year to support the implementation of federal and state regulations, including procedural safeguards.

The Attract Prepare Retain (APR) initiative has developed grants and supports to address the special education work force, including school psychology paid internships for out of state graduate students, Developing Future Special Educators Grants to high schools, and paraprofessional development grants to IUs. In addition, this initiative has developed mentoring and networking opportunities for retention efforts.

Annually, training and TA plans are informed by data and outcomes, LEA needs and stakeholder input. Stakeholders include LEAs, IUs, families, students with disabilities, national organizations, Parent Training and Information (PTI) centers, Community Parent Resource Centers (CPRCs), SEAP, and other agencies. Collaboration and ongoing engagement with stakeholders continue to be one of the most important mechanisms for evaluating the effectiveness and efficiency of technical assistance.

Pennsylvania's Statewide System of Support serves as both Pennsylvania's TA and professional development (PD) systems. TA is based on current research and Evidenced Based Practices (EBPs) and is aligned with the principles of OSEP's RDA.

PaTTAN has three locations, one each in the eastern, central, and western areas of the commonwealth. The BSE funds five full-time equivalent Training and Consultation (TaCs) positions within each of the state's 29 IUs. PaTTAN and IU TaCs fulfill the federal requirement for consultation and TA functions. Further, because Pennsylvania has established regional PaTTAN offices, training and TA are localized and highly customized through ongoing collaboration between PaTTAN and IU consultants and LEAs.

This model helps the PDE positively influence the quality of TA services and PD provided to each LEA and ensures that processes are in place to systematically collect outcome data, consistent with state and federal reporting requirements. The role of the PaTTAN consultants and the IU TaCs is based on collaboration since IU TaCs are often the first resource available to LEAs.

The BSE, through PaTTAN, provides the information and resources around TA for the IDEA grant application and the SPP/APR indicators, including the State Systemic Improvement Plan (SSIP).

PaTTAN consultants, IU TaCs, and the BSE work collaboratively to develop improvement plans based on findings through the state monitoring system.

Due to significant shortages of staff resulting in vacancies and less qualified, inexperienced special education professionals without veteran educators to guide them, the BSE has shifted its professional development (PD) and TA vision. Customized Professional Development and Technical Assistance (CPDTA) is designed to provide accessible, customizable, and evidence-based PD and TA to educators. By collaborating with IUs, LEAs, researchers, and other stakeholders, the BSE is developing and implementing effective strategies that bridge the gap between research and practice, and that promote the professional growth and retention of special education teachers. These efforts promote a more equitable and inclusive education system that meets the needs of all learners.

Within the opportunity for customized supports LEAs can choose from the following four distinct support types: Systematic Customized Support; Critical Customized Supports; Emergent Short-Term Customized Supports; and Professional Development Customized Supports.

• Systemic Customized Supports are actualized through the development of long-term action plans that align with an LEA's specific goals and objectives. PaTTAN works collaboratively with the LEA to identify areas of need and to develop comprehensive TA plans. Additionally, grant funding is available to support LEA's implementation of these coordinated efforts.

• Critical Customized Supports provide individualized training and TA to help educators build skills and knowledge needed to overcome immediate challenges. The goal is to provide targeted support that improves student outcomes and builds capacity within an LEA.

• Emergent Short-Term Customized Supports provide training and TA for unforeseen needs that arise. This flexible approach allows for a quick response to an LEA's needs, providing immediate support tailored to specific requirements.

• Professional Development Customized Supports allow LEAs to request specific training or TA that addresses a particular challenge or area of need. Consultants collaborate with LEAs to design a training session to meet their unique requests.

Pennsylvania's Statewide System of Support is designed to provide a continuum of timely TA to LEAs, including:

• Educational Consultant support, both onsite and virtual;

• Collaboration with other agencies and Institutions of Higher Education (IHEs);

• Webinars and face-to-face training sessions;

• Schoology Courses; and

• Website resources.

BSE Is an active member of the Workforce Innovation and Opportunity Act state plan revision, providing critical connections between the technical assistance provided to schools and employers to ensure continuity of support for students with disabilities in competitive integrated employment settings.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Early Intervention Technical Assistance (EITA) provides statewide training and technical assistance on behalf of BEISFS. The primary recipients of EITA services are the local ITEI and PSEI programs. EITA is part of PaTTAN, the school-age training and technical assistance system. EITA supports statewide initiatives that are identified through the analysis of statewide data, including verification results, determinations, compliance with state and federal requirements, evidence-based EI practices, and planning with BEISFS staff. Statewide professional development events are provided to ensure a consistent message from BEISFS. Family members are welcome participants and trainers in professional development activities. Examples of current statewide training include EI service delivery using coaching and embedded instruction, positive behavior supports, family engagement, leadership skill development, and essential skills for implementing EI services.

An EITA Consultant is assigned as the primary training contact for each PSEI program and is responsible for assisting the PSEI program in providing local training as needed. EITA participates in verification and assists each PSEI program in the development of annual QEPs.

**Professional Development System:**

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

School Age Programs (Bureau of Special Education)

The BSE, through PA's Statewide System of Support, has evidenced-based TA to ensure the timely delivery of high-quality support to LEAs in addressing the needs of students with disabilities.

This system serves as the state's TA and PD systems. The PD is delivered by PaTTAN and IU TaCs. Each initiative has a multi-year plan that ensures the activities will equip service providers with effective skills to improve results for students with disabilities.

PD includes but is not limited to:

- PA's Standards Aligned System (SAS): SAS is a comprehensive, researched-based resource to improve student achievement. SAS identifies the elements that impact student achievement. More information about SAS is located at http://pdesas.org .

- Pennsylvania Deaf-Blind Project: The goal of the project is to build the capacity of early intervention and school age services, schools, and families using EBPs for PD and family engagement.

- Pennsylvania Learning Environment and Engagement Initiative: The BSE, with PaTTAN, provides effective behavior supports to LEAs. Improvements were made to the BSE restraint manual to shift the paradigm from reaction to pro-action, emphasizing prevention before crisis and the reduction of restraints.

- The Arc of PA's "Include Me From the Start" is designed to promote and expand inclusive practices for students with the most significant disabilities. Arc, with PDE, BSE, and PaTTAN, works with student teams and families to provide training and on-site TA focused on implementing customized employment programs for transition age students.

- Principals Understanding Leadership in Special Education (PULSE): This 30-hour course is designed to build and support a cadre of building leaders. PULSE covers areas of special education that are most impacted by building principals.

- Training Opportunities: PaTTAN provides PD and TA targeted at improving student results. These include week-long summer institutes, PD series, webinars, and on-site and virtual assistance.

- The Pennsylvania Fellowship Program (PFP) for Special Education Leaders is designed to Attract, Prepare and Retain special education leaders as they manage compliance and balance best practices while striving to build capacity through increasing their knowledge and skills.

- Federal-State Regulations: PaTTAN works with the BSE to provide PD to assist LEAs in complying with requirements under IDEA and Pennsylvania's Chapters 14 and 711.

- Assistive Technology (AT) and Accessible Instructional Materials: The PaTTAN AT initiative provides supports to schools working with students who use high-tech and low-tech assistive technology and for students with complex communication needs using augmentative and alternative communication devices. PaTTAN maintains a short-term loan library including the PaTTAN Accessible Instructional Materials Center's large print and Braille text materials. PaTTAN maintains an annual census of children from birth through 21 who are legally blind and provides an annual report of eligible students to the American Printing House for the Blind.

- Secondary Transition: Resources developed to support students and their families prepare and plan for successful transition from school to adult life can be found on Pennsylvania's Secondary Transition website, https://www.pasecondarytransition.com/ .

- Office of Vocational Resources (OVR) and BSE Memorandum of Understanding (MOU): The MOU through OVR, PDE and the BSE clarifies that OVR and BSE support the transition of students with disabilities from high school to post-school employment-related activities and competitive, integrated employment.

- Website Resources: PaTTAN provides educators with publications that are proven best practices, research based, and reflect a commitment to school improvement. PaTTAN's publications all focus on improving educational results for students with disabilities. More can be found at www.pattan.net.

- Inclusive Practices: PaTTAN offers PD opportunities and resources to support inclusive educational practices that ensure IEP teams begin with the general education setting before considering a more restrictive environment. Additionally, The Framework for Access & Belonging with Supplementary Aids and Services (FAB) is being used to analyze the instructional, physical, and social environment of a general education classroom from the perspective of an individual student with a disability. The intended outcome of the FAB Process is for the team to identify and reduce specific barriers that may interfere with meaningful access and belonging within an educational environment.

- Attract, Prepare, Retain: Re-envisioning Pennsylvania's Approach to Special Education Personnel: The PDE and BSE address unfilled positions and high attrition rates among special education personnel by focusing on strategies to attract, prepare, and retain personnel.

- HELIX COLLABORATIVE: This statewide initiative provides TA and PD for school teams that provide instruction for students with complex instructional needs who have significant cognitive disabilities and physical and/or sensory impairments that require additional supports to ensure access to the appropriate grade level curriculum.

- Disability Innovation Fund: Pathway to Partnerships: BSE works with OVR and Office of Developmental programs on the design and implementation of a grant to build capacity at the local level through PD and training of providers and increases the work-based learning models.

- The Disability Inclusive Curriculum Pilot program began in July 2023 to provide instruction to students on the political, economic, and social contributions of individuals with disabilities. The three-year pilot impacts the overall culture and environment of schools and teaching what is meant by social justice and citizenship to all students regarding disability.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Pennsylvania's professional development system is designed to ensure high quality EI services that are provided by skilled, highly qualified EI staff. EITA provides four core functions to support BEISFS's management of the EI system including:

1. Verification Support - providing support to BEISFS's verification process to ensure high-quality EI services; participation in PSEI verification teams; training and technical assistance support to local programs based on verification needs and QEPs; and targeted intensive support to select programs based on the results of the verification process or program management data analysis.

2. PD support in EI core competencies - providing professional development to ensure that all EI staff have the basic competencies needed to provide high-quality EI services to children and families. This is accomplished through statewide and local workshops; online learning modules and webinars; and materials development and dissemination.

3. PD support for EI evidence-based practices: providing professional development activities to EI staff based on innovative evidence-based practices designed to enhance existing high quality EI services. This is accomplished through: statewide and local training; online learning modules and webinars; materials development and dissemination, and collaboration with Pennsylvania's State Professional Development Grant, Success for Pennsylvania's Early Learners (SPEL).

4. Policy Support - providing assistance to BEISFS in the development of policies to ensure high-quality EI services and assisting local programs in translating EI policies into practice. This is accomplished through technical assistance in developing BEISFS policy documents, reports, statewide leadership activities, policy-related research, and materials development.

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

School Age Programs (Bureau of Special Education)

In FFY 2020, the BSE solicited broad stakeholder input for setting targets for the state's FFY 2020-2025 SPP/APR, including its SSIP. The BSE identified key stakeholder groups and others that could assist the BSE with outreach to groups and individuals. A series of public forums were held with a dedicated website that both informed stakeholders and received their input.

In March 2022, the BSE shifted its efforts from holding public forums to conducting frequent and ongoing stakeholder engagement sessions across the commonwealth designed to provide opportunities to build capacity, analyze data on current targets, evaluate progress and recommend improvement strategies.

The PDE extensively disseminates announcements inviting in-person and/or virtual participation in these stakeholder engagement sessions. Most sessions are held during the BSE's annual topical conferences such as the PDE conference, the Special Education Leadership Academy, the National Autism Conference, and the Pennsylvania Community of Practice Transition Conference. In addition, specific sessions are provided to the state's SEAP, PTI, CPRCs, and Local Task Forces on the Right to Education. PaTTAN also disseminates announcements and supports presentations, discussions, and stakeholder input collection. An email account has been established for ongoing stakeholder input from which BSE gathers ideas that inform SPP/APR capacity building, data analysis, evaluation, and improvement strategies. As a part of BSE's efforts to build capacity for stakeholders, scholarships are provided to many parents to attend events, increasing representation of subgroups and family involvement in these efforts.

The SPP/APR team is frequently engaged by stakeholders in informal settings. This proves to be a valuable tool in building trust and understanding with one another while working to improve outcomes for children with disabilities.

During FFY 2023, the BSE extended efforts to further develop broad and diverse stakeholder engagement, by including activities to build capacity beyond those who attend PDE sponsored conferences and summits. Specifically, the BSE began presenting at the annual Pennsylvania Family Involvement Conference and at the University of Pittsburgh-sponsored Special Education and Educational Law Symposium.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

The EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3-21 focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with PSEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FFY 2023. BEISFS staff also provide updates and gather feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

**Apply stakeholder engagement from introduction to all Part B results indicators (y/n)**
NO
**Number of Parent Members:**
77

**Parent Members Engagement:**

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

School Age Programs (Bureau of Special Education)

During FFY 2021, the BSE planned and led sessions designed to provide parents Indicator-specific definitions, data, statistics, opportunities to ask clarifying questions and to suggest improvement strategies. In FFY 2022, the focus of these ongoing sessions shifted from coaching to facilitating member-led discussions, while gathering recommendations and other input. A specific component of these presentations displayed each Indicator's baseline data, interim and terminal targets, performance, and whether the state met the specific interim target for the reporting period. These sequential illustrations utilized data visualization techniques to clearly signify the difference between Indicators where values for performance need to increase or decrease, and to simplify the understanding of desired performance. This concept is often lost with number and/or percentage only displays.

With the support of PaTTAN, these sessions continue to be offered synchronously in-person and through virtual offerings. Participants are encouraged to submit written feedback during the session, via a dedicated SPP/APR email account, and/or through specific committee work summaries. The dedicated SPP/APR email account, established in FFY 2020, is monitored by the SPP/APR team, and will remain active and available to stakeholders, including parents, through FFY 2025.

The SPP/APR team regularly attends SEAP meetings to discuss specific SPP/APR Indicators. This type of engagement is a valuable tool in promoting informal and authentic advisement that supports the development of implementation activities designed to improve outcomes for children with disabilities. Included in the SEAP panel are 18 parents of students with a disability.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

In FFY 2023, Pennsylvania's EI program used existing stakeholder meetings as an opportunity to engage family members in setting targets, analyzing data, developing improvement strategies, and evaluating progress. Meetings held in FFY 2023 reviewed APR data, results of implementation of improvement strategies, APR progress, and allowed families to provide feedback.

Information on the APR data and targets was provided to SEAP on September 21, 2023, and January 17, 2024.  An SPP/APR 101 training was provided to SEAP family and professional members on January 17, 2024. Information on the APR data and targets was provided to the SICC on October 5, 2023, and December 7, 2023.

**Activities to Improve Outcomes for Children with Disabilities:**

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

School Age Programs (Bureau of Special Education)

The BSE continues to focus on building capacity of families to support improved outcomes for students with disabilities. PaTTAN has an active family engagement initiative that promotes equitable partnerships among schools, families, and communities to advance student achievement. An extensive collection of resources designed to increase capacity of diverse groups of parents, including information specific to various SPP/APR Indicators and the SSIP, is available at https://www.pattan.net/Collaborative-Partnerships/Engaging-with-Families and https://www.pattan.net/Evidence-Based-Practices/State-Systemic-Improvement-Plan-SSIP, under the Resources for Schools & Families heading.

The BSE and PaTTAN incorporate information about the SPP/APR, including implementation activities and performance on targets, at the state's major annual conferences, e.g., the PDE Conference, Community of Practice Transition Conference, Multi-Tiered System of Support and Positive Behavior Support Implementers Forum, the High Expectations for Low Incidence Disabilities Conference, and the Autism Conference. Individual parents and groups representing parents are integral participants in all these conferences. The BSE actively collaborates with SEAP on all aspects of the SPP/APR. SEAP includes a diverse group of parents and advocates.

Specific to increasing capacity of diverse groups of parents in the process of setting targets, analyzing data, developing improvement strategies, and evaluating progress for the SPP/APR/SSIP, the BSE developed and posted extensive materials (including Spanish versions) on a dedicated website that stakeholders were encouraged to review prior to participating in forums and/or submitting online comments. The materials were intended to increase the capacity of all stakeholders to actively engage in the process. The materials included videos, resource documents, and power points for each SPP/APR Indicator.

PaTTAN consultants facilitated breakout groups at all forums and content experts for each Indicator were available throughout the forums to respond to any requests for clarification or provide further explanations if participants had questions. This increased the capacity of stakeholders to provide high quality feedback on complex topics.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Statewide and local training activities are the primary methods used to increase the capacity of diverse groups of parents to support the implementation of APR improvement activities to improve outcomes for children in the PSEI program. During FFY 2023, statewide training events included Parents as Partners in Professional Development, and Competence and Confidence: Partners in Policymaking. These activities included updates on APR improvement activities, reviews of APR data, and providing feedback to BEISFS. Local PSEI programs and LICCs also offered training to families in their programs on topics related to improving outcomes for children in PSEI programs. Parents also participated in Policy Forums held in June 2024.

Pennsylvania's Part C Statewide Systemic Improvement Plan (SSIP) has a birth to five focus on evidence-based strategies for EI service delivery, specifically family coaching and Embedded Instruction. The overall goal of the SSIP is to build and support family competence in helping their child learn. The PSEI component of the SSIP includes professional development activities for both family members and early childhood professionals.

BEISFS is a partner in implementing the SPEL grant which supports coaching and embedded instruction professional development activities, the development of Family Ambassadors to support families and children transitioning from PSEI to kindergarten programs, and the development of transition and family engagement resources for families.

**Soliciting Public Input:**
**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

School Age Programs (Bureau of Special Education)

With targets set for results Indicators, BSE has solicited input from stakeholders, especially the SEAP, on improving data collection methods for parent input.

The BSE investigated methods of parent survey data collection for Indicator 8 to improve the response rate of parents of students with disabilities. Options that were considered included a reduction in the number of questions to which parents are asked to respond and changes in the delivery method of surveys to parents sampled for response. For FFY 2023, the BSE in collaboration with stakeholder input, reduced the number of survey questions from 25 to five. Other collection procedures are still being considered.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

In addition to the events described in the Parent Members Engagement section above, meetings were held with stakeholder groups that included EI administrators, EI providers, and early childhood agencies. These groups included the Early Intervention Providers Association, the Pennsylvania Association of Intermediate Units, Early Learning Resource Centers, and the Pennsylvania Association of County Administrators. Meetings were held with these groups in FY 2023 and included opportunities for input on the review of APR data, target setting, and improvement activities.

Throughout FFY 2023, BEISFS held bi-monthly meetings with the leaders of PSEI programs. Leaders received updates on data analysis of APR indicators and were asked to provide input on improvement strategies on August 25, 2023, October 27, 2023, and December 1, 2023.

**Making Results Available to the Public:**
**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

School Age Programs (Bureau of Special Education)

From May 2021 until January 2022, the BSE received input for setting targets, analyzing data, developing improvement strategies, and evaluating progress. Below is a description of the mechanisms and the timelines (shown sequentially) used for this process.

> • In May, three public forums, open to all stakeholders, addressed SPP/APR results Indicators (1-4A, 5, 8, 14-16).
>
> • The additional forums listed below followed the same process to gather input and recommendations that was used at the earlier forum;
>
> • A public forum in July 2021 focused exclusively on the SSIP.
>
> • An evening forum in August 2021 was open exclusively to families and addressed all results Indicators.
>
> • Six public forums were conducted by Hispanos Unidos para Ninos Exceptionales (HUNE), with support from BSE, from July through December and addressed all results Indicators.
>
> • A forum in June with the ODR Stakeholder Council focused on dispute resolution indicators.
>
> • Three meetings were held with SEAP from September 2021 through early January 2022 to review forum recommendations and to receive the panel's input on all Indicators.

Additionally, the dedicated website to receive stakeholder input for target setting was open from May 2021 through August 2021.

Stakeholder input received from forums and online options was extensive and diverse. Participants included parents, advocates, education administrators, including principals and special education directors, special and regular education teachers, psychologists, service coordinators, higher education personnel and others.

The BSE used this input to formulate the FFY 2020-2025 SPP/APR targets. All recommendations for improvement strategies were shared with the BSE Director and the PaTTAN system for consideration in enhancing current and/or adding new initiatives.

Updates are provided to the public during each of the BSE's annual topical conferences such as the PDE conference, the Special Education Leadership Academy, the National Autism Conference, and the Pennsylvania Community of Practice Transition Conference. These sessions include opportunities to discuss the results for each Indicator and how students with disabilities are impacted. In addition, specific sessions are provided to the state's SEAP, PTI, CPRCs, and Local Task Forces on the Right to Education. PaTTAN disseminates announcements and supports the data presentations to ensure the public has numerous opportunities to learn about and conceptualize performance.

During FFY 2023, the BSE continued efforts to further disseminate results by presenting at the annual Pennsylvania Family Involvement Conference and at the University of Pittsburgh-sponsored Special Education and Educational Law Symposium. These two specific opportunities include a cadre of school personnel who would also benefit from understanding the impact of these Indicator data.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

As stakeholder events were completed, meeting agendas, slides summarizing APR data, and feedback summaries were posted to shared meeting spaces. For example, materials from APR discussions at SEAP were posted to https://www.pattan.net/Collaborative-Partnerships/The-Special-Education-Advisory-Panel-SEAP .

**Reporting to the Public**

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

School Age Programs (Bureau of Special Education)

Pennsylvania complies with all federal requirements for reporting to the public. The BSE publishes annual, online Special Education Data Reports that illustrate the performance of both the state as a whole and each LEA in meeting SPP/APR targets. Reporting on FFY 2022 LEA performance was completed in accordance with 34 CFR §300.602(b)(1)(i)(A). With the onset of a new reporting cycle, this reporting now appears as a dashboard with more detailed information and data visualization than in past years and can be found at:

> https://penndata.hbg.psu.edu/Public-Reporting/SEDR-Report-Dashboard .

Here, data are presented in the dashboard format, and the LEA and year of interest can be selected through drop-down menus.

Data prior to FFY 2020 can be found here in a static form:

> https://penndata.hbg.psu.edu/Public-Reporting/SEDR-Reports-Archive .

The FFY 2022 SPP/APR can be located at the following websites:

> https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/special-education/data-accountability.html

and

> https://www.pattan.net/Special-Education-Forms/Special-Education-Law/Pennsylvania-State-Laws-and-Regulations .

The report for FFY 2023 will appear on these pages when Pennsylvania receives its state determination in June 2025.

 Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Pennsylvania continues to comply with all federal requirements for annual reporting to the public. Data from the SPP/APR are available on a statewide level and for each PSEI program. Announcements are made about the availability of the updated SPP/APR on the Pennsylvania Early Childhood Education NEWS listserv, an email listserv that reaches Early Childhood/Early Intervention stakeholders and advocates across the state.

BEISFS, in conjunction with the Pennsylvania State Data Center, developed a web-based dashboard that is used to disseminate updated SPP/APR data on OSEP indicators to the public. The dashboard includes FFY 2005 through FFY 2022 APR data for each PSEI program and a link to the entire SPP/APR. The dashboard will be updated to include FFY 2023 data no later than 120 days from submission of the SPP/APR. Information can be found at: https://penndata.hbg.psu.edu/PublicReporting/EarlyIntervention/tabid/2534/Default.aspx .

Additional links to the SPP/APR can be found on Pennsylvania Department of Education's Early Intervention page (https://www.education.pa.gov/Early%20Learning/Early%20Intervention/Pages/default.aspx) and the Department of Human Services' Early Intervention page (https://www.dhs.pa.gov/Services/Children/Pages/Early-Intervention-Services.aspx ) .

# Intro - Prior FFY Required Actions
None

# Intro - OSEP Response

# Intro - Required Actions

# Indicator 1: Graduation

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

## 1 - Indicator Data

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2019 | 86.13% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target >= | 72.60% | 73.70% | 85.90% | 85.90% | 85.90% |
| Data | 70.24% | 70.74% | 89.34% | 89.88% | 87.84% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target >= | 86.71% | 87.52% | 88.13% |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

**Prepopulated Data**

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 21,430 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 10 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 13 |

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 2,629 |

**FFY 2023 SPP/APR Data**

| Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 21,430 | 24,082 | 87.84% | 86.71% | 88.99% | Met target | No Slippage |

**Graduation Conditions**

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

Act 158 of 2018, which was signed into law by Governor Tom Wolf on October 24, 2018, shifted Pennsylvania's previous reliance on high stakes testing as a graduation requirement to provide alternatives for high school students to demonstrate readiness for postsecondary success. Act 158, in conjunction with Act 6 of 2017, expanded the options for students to meet graduation requirements and demonstrate postsecondary readiness through additional pathways that more fully illustrate college, career and community readiness.

These expanded options are:

• Keystone Proficiency Pathway (Scoring proficient or advanced on each exam); or

• Keystone Composite Pathway (earning a satisfactory composite score and at least a proficient score on at least one of the Keystone Exams, and no less than a basic score on the remaining two); or

• Alternate Assessment Pathway (successful completion of locally established grade-based requirements for academic content areas associated with each Keystone Exam, and one of the several other criteria, e.g., PSAT, ACT, successful completion of a pre-apprenticeship program); or

• Evidence-Based Pathway (successful completion of locally established grade-based requirements for academic content areas associated with each Keystone Exam, and demonstration of three pieces of evidence consistent with the student's goals and career plans, including various other criteria); or

• Career and Technical Education (CTE) Pathway (successful completion of locally established grade-based requirements for academic content areas associated with each Keystone Exam, and attainment of an industry-based competency certification related to the CTE Concentrator's program of study, or demonstration of a high likelihood of success on an approved industry-based assessment, or readiness for continued meaningful engagement in the CTE Concentrator's program of study.

As required under the Every Student Succeeds Act (ESSA), Pennsylvania will continue to assess all students, as described in its ESSA Consolidated State Plan, regardless of the pathway option chosen for fulfilling graduation requirements.

The statewide graduation requirements outlined in Act 158 were scheduled to take effect for graduating class of 2022. However, due to the COVID-19 pandemic, the effective date was moved to 2023. For school years 2019-20, 2020-21, and 2021-22 there was no statewide graduation requirement.

In July 2022, Governor Tom Wolf signed Act 55 of 2022 into law. Act 55 amended the Pennsylvania School Code to further assist students in meeting statewide high school graduation requirements. Local policies govern graduation practice. Under Act 158, all LEAs are required to notify students, parents, and guardians of the LEA's high school graduation requirements, and must publish such requirements on the LEA's website.

Pennsylvania has no alternate high school diploma for students with disabilities. All students graduating receive a regular high school diploma. The regular high school diploma that is awarded to students in Pennsylvania is fully aligned with the state's academic content standards and does not include a GED credential certificate of attendance or any alternative award.

**Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)**
NO
**Provide additional information about this indicator (optional)**


# 1 - Prior FFY Required Actions

None

**1 - OSEP Response**


**1 - Required Actions**

# Indicator 2: Drop Out

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

## 2 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2019 | 13.39% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target <= | 10.97% | 9.00% | 12.79% | 12.79% | 12.79% |
| Data | 13.55% | 13.39% | 10.59% | 9.89% | 12.00% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target <= | 12.32% | 11.86% | 11.39% |

### Targets: Description of Stakeholder Input

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

### Prepopulated Data

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 21,430 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 10 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 13 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 2,629 |

**FFY 2023 SPP/APR Data**

| Number of youth with IEPs (ages 14-21) who exited special education due to dropping out | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 2,629 | 24,082 | 12.00% | 12.32% | 10.92% | Met target | No Slippage |

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

State Regulations, 22 PA Code, Chapter 12, establish Pennsylvania's compulsory school attendance age as 8-17. All students must attend school during this period of their lives. A dropout is a student who, for any reason other than death, leaves school before graduation without transferring to another school/institution.

**Is there a difference in what counts as dropping out for youth with IEPs? (yes/no)**
NO
**If yes, explain the difference in what counts as dropping out for youth with IEPs.**

**Provide additional information about this indicator (optional)**


**2 - Prior FFY Required Actions**
None


**2 - OSEP Response**


**2 - Required Actions**

# Indicator 3A: Participation for Children with IEPs

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

      A. Participation rate for children with IEPs.

      B. Proficiency rate for children with IEPs against grade level academic achievement standards.

      C. Proficiency rate for children with IEPs against alternate academic achievement standards.

      D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 3A - Indicator Data

**Historical Data:**

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---|---|---|---|---|
| Reading | A | Grade 4 | 2020 | 71.36% |
| Reading | B | Grade 8 | 2020 | 60.63% |
| Reading | C | Grade HS | 2020 | 51.31% |
| Math | A | Grade 4 | 2020 | 71.67% |
| Math | B | Grade 8 | 2020 | 60.35% |
| Math | C | Grade HS | 2020 | 74.01% |

**Targets**

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

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

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

**Date:**

01/08/2025

**Reading Assessment Participation Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs (2) | 29,392 | 28,083 | 26,295 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 7,217 | 7,409 | 9,278 |
| c. Children with IEPs in regular assessment with accommodations (3) | 17,790 | 15,141 | 11,440 |
| d. Children with IEPs in alternate assessment against alternate standards | 2,590 | 2,318 | 2,108 |

**Data Source:**

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

**Date:**

01/08/2025

**Math Assessment Participation Data by Grade**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs (2) | 29,387 | 28,069 | 25,914 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 7,469 | 7,529 | 8,765 |
| c. Children with IEPs in regular assessment with accommodations (3) | 17,536 | 14,832 | 11,616 |
| d. Children with IEPs in alternate assessment against alternate standards | 2,592 | 2,314 | 2,102 |

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

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

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

**FFY 2023 SPP/APR Data: Reading Assessment**

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 27,597 | 29,392 | 92.71% | 95.00% | 93.89% | Did not meet target | No Slippage |
| B | Grade 8 | 24,868 | 28,083 | 87.46% | 95.00% | 88.55% | Did not meet target | No Slippage |
| C | Grade HS | 22,826 | 26,295 | 87.18% | 95.00% | 86.81% | Did not meet target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 27,597 | 29,387 | 93.13% | 95.00% | 93.91% | Did not meet target | No Slippage |
| B | Grade 8 | 24,675 | 28,069 | 87.35% | 95.00% | 87.91% | Did not meet target | No Slippage |

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| C | Grade HS | 22,483 | 25,914 | 85.15% | 95.00% | 86.76% | Did not meet target | No Slippage |

**Regulatory Information**

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

**Public Reporting Information**

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

Student participation and performance data for all students and subgroups, including students with disabilities, on the reading/language arts and mathematics assessments in grades 3 thru 8, and the literature and Algebra I assessments in high school, against grade level academic achievement standards can be found at:

       https://www.education.pa.gov/DataAndReporting/Assessments/Pages/PSSA-Results.aspx .

Student participation and performance data for students with disabilities on the reading/language arts and mathematics assessments in grades 3 thru 8 and high school against alternate academic achievement standards can be found at:

       https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/assessment-and-accountability/pennsylvania-alternate-system-of-assessment-pasa/statewide-assessment-performance-and-participation-for-students-with-disabilities.html .

State Assessment Performance of Students with Disabilities by Accommodation can also be found at the above link.

**Provide additional information about this indicator (optional)**

## 3A - Prior FFY Required Actions

None

## 3A - OSEP Response

## 3A - Required Actions

# Indicator 3B: Proficiency for Children with IEPs (Grade Level Academic Achievement Standards)
## Instructions and Measurement
**Monitoring Priority:** FAPE in the LRE

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

 A. Participation rate for children with IEPs.

 B. Proficiency rate for children with IEPs against grade level academic achievement standards.

 C. Proficiency rate for children with IEPs against alternate academic achievement standards.

 D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 3B - Indicator Data
**Historical Data:**

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---|---|---|---|---|
| Reading | A | Grade 4 | 2020 | 22.80% |
| Reading | B | Grade 8 | 2020 | 15.03% |
| Reading | C | Grade HS | 2020 | 13.16% |
| Math | A | Grade 4 | 2020 | 13.29% |
| Math | B | Grade 8 | 2020 | 3.57% |
| Math | C | Grade HS | 2020 | 19.79% |

**Targets**

| Subject | Group | Group Name | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Reading | A >= | Grade 4 | 31.77% | 34.76% | 37.75% |
| Reading | B >= | Grade 8 | 24.78% | 28.03% | 31.28% |
| Reading | C >= | Grade HS | 21.47% | 24.24% | 27.01% |
| Math | A >= | Grade 4 | 22.74% | 25.89% | 29.04% |
| Math | B >= | Grade 8 | 14.52% | 18.17% | 21.82% |
| Math | C >= | Grade HS | 29.00% | 32.07% | 35.14% |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

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

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 25,007 | 22,550 | 20,718 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 2,969 | 1,637 | 2,320 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 2,102 | 1,863 | 2,348 |

**Data Source:**

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

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 25,005 | 22,361 | 20,381 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 3,113 | 737 | 1,121 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 2,306 | 527 | 896 |

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

**FFY 2023 SPP/APR Data: Reading Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 5,071 | 25,007 | 19.28% | 31.77% | 20.28% | Did not meet target | No Slippage |
| B | Grade 8 | 3,500 | 22,550 | 16.11% | 24.78% | 15.52% | Did not meet target | No Slippage |
| C | Grade HS | 4,668 | 20,718 | 23.49% | 21.47% | 22.53% | Met target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 5,419 | 25,005 | 19.66% | 22.74% | 21.67% | Did not meet target | No Slippage |
| B | Grade 8 | 1,264 | 22,361 | 5.01% | 14.52% | 5.65% | Did not meet target | No Slippage |
| C | Grade HS | 2,017 | 20,381 | 8.08% | 29.00% | 9.90% | Did not meet target | No Slippage |

**Regulatory Information**

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

**Public Reporting Information**

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

Student participation and performance data for all students and subgroups, including students with disabilities, on the reading/language arts and mathematics assessments in grades 3 thru 8, and the literature and Algebra I assessments in high school, against grade level academic achievement standards can be found at:

       https://www.education.pa.gov/DataAndReporting/Assessments/Pages/PSSA-Results.aspx .

Student participation and performance data for students with disabilities on the reading/language arts and mathematics assessments in grades 3 thru 8 and high school against alternate academic achievement standards can be found at:

       https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/assessment-and-accountability/pennsylvania-alternate-system-of-assessment-pasa/statewide-assessment-performance-and-participation-for-students-with-disabilities.html .

State Assessment Performance of Students with Disabilities by Accommodation can also be found at the above link.

**Provide additional information about this indicator (optional)**

## 3B - Prior FFY Required Actions

None

## 3B - OSEP Response

## 3B - Required Actions

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

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

      A. Participation rate for children with IEPs.

      B. Proficiency rate for children with IEPs against grade level academic achievement standards.

      C. Proficiency rate for children with IEPs against alternate academic achievement standards.

      D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

### Data Source

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

### Measurement

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

### Instructions

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

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

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

## 3C - Indicator Data

**Historical Data:**

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---|---|---|---|---|
| Reading | A | Grade 4 | 2020 | 28.94% |
| Reading | B | Grade 8 | 2020 | 34.30% |
| Reading | C | Grade HS | 2020 | 38.40% |
| Math | A | Grade 4 | 2020 | 52.14% |
| Math | B | Grade 8 | 2020 | 10.96% |
| Math | C | Grade HS | 2020 | 36.24% |

**Targets**

| Subject | Group | Group Name | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Reading | A >= | Grade 4 | 28.94% | 28.94% | 29.94% |
| Reading | B >= | Grade 8 | 34.30% | 34.30% | 35.30% |
| Reading | C >= | Grade HS | 38.40% | 38.40% | 39.40% |
| Math | A >= | Grade 4 | 52.14% | 52.14% | 53.14% |
| Math | B >= | Grade 8 | 10.96% | 10.96% | 11.96% |
| Math | C >= | Grade HS | 36.24% | 36.24% | 37.24% |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

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

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 2,590 | 2,318 | 2,108 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 529 | 775 | 835 |

**Data Source:**

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

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 2,592 | 2,314 | 2,102 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 1,082 | 254 | 736 |

**FFY 2023 SPP/APR Data: Reading Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 529 | 2,590 | 19.89% | 28.94% | 20.42% | Did not meet target | No Slippage |
| B | Grade 8 | 775 | 2,318 | 31.37% | 34.30% | 33.43% | Did not meet target | No Slippage |
| C | Grade HS | 835 | 2,108 | 39.43% | 38.40% | 39.61% | Met target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 1,082 | 2,592 | 47.21% | 52.14% | 41.74% | Did not meet target | Slippage |
| B | Grade 8 | 254 | 2,314 | 10.29% | 10.96% | 10.98% | Met target | No Slippage |

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| C | Grade HS | 736 | 2,102 | 27.94% | 36.24% | 35.01% | Did not meet target | No Slippage |

**Provide reasons for slippage for Group A, if applicable**

Pennsylvania continues to reduce participation in the alternate assessment. As a result, performance changes as the characteristics of the population change. As higher performing students transition to the regular assessment, performance on the alternate assessment will decline. This pattern of change will continue as Pennsylvania strives to reduce participation in the alternate assessment and meet the 1% threshold requirement.

**Regulatory Information**

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

**Public Reporting Information**

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

Student participation and performance data for all students and subgroups, including students with disabilities, on the reading/language arts and mathematics assessments in grades 3 thru 8, and the literature and Algebra I assessments in high school, against grade level academic achievement standards can be found at:

       https://www.education.pa.gov/DataAndReporting/Assessments/Pages/PSSA-Results.aspx .

Student participation and performance data for students with disabilities on the reading/language arts and mathematics assessments in grades 3 thru 8 and high school against alternate academic achievement standards can be found at:

       https://www.pa.gov/agencies/education/programs-and-services/instruction/elementary-and-secondary-education/assessment-and-accountability/pennsylvania-alternate-system-of-assessment-pasa/statewide-assessment-performance-and-participation-for-students-with-disabilities.html .

State Assessment Performance of Students with Disabilities by Accommodation can also be found at the above link.

**Provide additional information about this indicator (optional)**

## 3C - Prior FFY Required Actions

None

## 3C - OSEP Response

## 3C - Required Actions

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

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

   A. Participation rate for children with IEPs.

   B. Proficiency rate for children with IEPs against grade level academic achievement standards.

   C. Proficiency rate for children with IEPs against alternate academic achievement standards.

   D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

### Data Source

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

### Measurement

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

### Instructions

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

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

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

## 3D - Indicator Data

**Historical Data:**

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|-----------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 33.65 |
| Reading | B | Grade 8 | 2020 | 37.41 |
| Reading | C | Grade HS | 2020 | 36.05 |
| Math | A | Grade 4 | 2020 | 22.04 |
| Math | B | Grade 8 | 2020 | 18.35 |
| Math | C | Grade HS | 2020 | 42.45 |

**Targets**

| Subject | Group | Group Name | 2023 | 2024 | 2025 |
|---------|-------|-----------|------|------|------|
| Reading | A <= | Grade 4 | 29.45 | 28.05 | 26.65 |
| Reading | B <= | Grade 8 | 32.61 | 31.01 | 29.41 |
| Reading | C <= | Grade HS | 30.95 | 29.25 | 27.55 |
| Math | A <= | Grade 4 | 19.04 | 18.04 | 17.04 |
| Math | B <= | Grade 8 | 15.65 | 14.75 | 13.85 |
| Math | C <= | Grade HS | 37.35 | 35.65 | 33.95 |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

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

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 118,794 | 118,976 | 121,243 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 25,007 | 22,550 | 20,718 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 52,020 | 56,760 | 67,682 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 8,639 | 4,839 | 8,371 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 2,969 | 1,637 | 2,320 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 2,102 | 1,863 | 2,348 |

**Data Source:**

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

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 120,186 | 119,536 | 114,590 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 25,005 | 22,361 | 20,381 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 51,235 | 32,117 | 41,607 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 6,298 | 1,379 | 5,545 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 3,113 | 737 | 1,121 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 2,306 | 527 | 896 |

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

**FFY 2023 SPP/APR Data: Reading Assessment**

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 20.28% | 51.06% | 32.21 | 29.45 | 30.78 | Did not meet target | No Slippage |
| B | Grade 8 | 15.52% | 51.77% | 36.22 | 32.61 | 36.25 | Did not meet target | No Slippage |
| C | Grade HS | 22.53% | 62.73% | 41.51 | 30.95 | 40.20 | Did not meet target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 21.67% | 47.87% | 26.26 | 19.04 | 26.20 | Did not meet target | No Slippage |
| B | Grade 8 | 5.65% | 28.02% | 20.70 | 15.65 | 22.37 | Did not meet target | Slippage |
| C | Grade HS | 9.90% | 41.15% | 25.78 | 37.35 | 31.25 | Met target | No Slippage |

**Provide reasons for slippage for Group B, if applicable**

Pennsylvania continues to reduce the participation of students with disabilities in the alternate assessment and increase their participation in the regular assessment. Although the performance of students with disabilities did improve in grade 8 mathematics on the regular assessment, the level of improvement observed was impacted by this increased participation and caused the performance gap between the All Students group and students with disabilities to widen.

**Provide additional information about this indicator (optional)**

## 3D - Prior FFY Required Actions

None

## 3D - OSEP Response

## 3D - Required Actions

# Indicator 4A: Suspension/Expulsion

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

>A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

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

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

### Data Source

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

### Measurement

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

Include State's definition of "significant discrepancy."

### Instructions

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

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

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

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

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

>-- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

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

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

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

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

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

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

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

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

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

## 4A - Indicator Data

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2016 | 1.34% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target <= | 1.97% | 1.00% | 1.82% | 1.82% | 1.66% |
| Data | 2.22% | 2.80% | 1.04% | | 4.29% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target <= | 1.66% | 1.34% | 1.00% |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

**FFY 2023 SPP/APR Data**

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

YES

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

The state has established a minimum n size of 10 students with disabilities enrolled and a minimum cell size of 10 students with disabilities suspended for an LEA to be included in the calculation of a significant discrepancy.

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

A minimum n size of 10 students with disabilities enrolled and a minimum cell size of 10 students suspended were established to guard against identifying LEAs with very low enrollment and very low frequencies of suspension as having a significant discrepancy in suspension and expulsion rates. Stakeholders endorsed this approach as reasonable when providing input regarding the definition of a significant discrepancy.

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

Not applicable

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

Not applicable

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

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| Number of LEAs that have a significant discrepancy | Number of LEAs that met the State's minimum n/cell-size | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 37 | 601 | 4.29% | 1.66% | 6.16% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

FFY 2023 saw an increase in the number of students identified in disability categories that have historically seen higher suspension and expulsion rates. This, coupled with shortages of certified professionals, may also contribute to the increase in the proportion of students disciplined, leading to additional LEAs being identified as having a significant discrepancy for this Indicator.

Further, the reporting year showed a 3.14% increase of attendance for all students, including students with disabilities, which may lead to an increase in suspensions as there were more opportunities for this to occur. BSE suspects that as students returned to in-person instruction, many exhibited more disruptive behavioral challenges which, in turn, were met with various disciplinary measures, including increased out of school suspensions.

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

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

**State's definition of "significant discrepancy" and methodology**

Pennsylvania determined that an LEA had a significant discrepancy by comparing the suspension/expulsion rates for children with IEPs among LEAs in the state. To establish baseline, Pennsylvania calculated the rates of suspensions and expulsions greater than 10 days in a school year for children with IEPs for LEAs within the state, inclusive of all school districts and charter schools. Pennsylvania determined the state's baseline rate to be 0.55%. A school district or charter school with a total enrollment of students with disabilities of 10 or more and a frequency of suspensions of 10 or greater is determined to be significantly discrepant if its rate is two times or greater than 0.55%.

**Provide additional information about this indicator (optional)**

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

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

Utilizing the State's definition of significant discrepancy and methodology, prior to June 30, 2024, the BSE conducted on-site reviews of all 37 LEAs that were identified as having a significant discrepancy. In preparation for the on-site review, each LEA was required to prepare and analyze its suspension data, including an examination of patterns and trends, and policies and procedures for functional behavioral assessment, manifestation determinations, IEPs, procedural safeguards and provision of FAPE for students whose removal constituted a change in placement.

To determine compliance with requirements of 34 CFR §300.170(b), the BSE reviewed each LEA's policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports and implementation of procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA. The BSE reviewed each LEA's Facilitated Self-Assessment (FSA). Each LEA provided a list to the BSE of all students with disabilities who were suspended during the entire year. The Monitoring Chairperson reviewed files of students who were suspended or expelled and considered all data to determine whether the LEA was in compliance with IDEA requirements.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

**If YES, select one of the following:**

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

**Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.**

The BSE conducted on-site reviews as described above, and determined that 12 LEAs had policies, procedures, or practices that contributed to the significant discrepancy and did not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and/or procedural safeguards. Therefore, the BSE informed the LEAs of the regulation that was being violated (linked to state and federal regulation) and directed the LEAs to complete corrective action through a Corrective Action Verification Plan (CAVP). The BSE monitored implementation of corrective action through interviews with administrative personnel, analysis of updated suspension data, and student file reviews. During the reviews to verify correction of noncompliance, the BSE looked for evidence teachers and administrators:

1. understand the regulations, including definitions and data reporting related to suspending students with IEPs;
2. know wat data must be reported to PDE/OSEP, and the implications of inaccurate data collection/reporting;
3. ensure data accuracy, look for patterns and trends, and report data in a timely manner;
4. review special education discipline data reports before submission;
5. develop a range of disciplinary options to suspensions;
6. implement strategies that keep students actively engaged in instruction;
7. utilize evidence-based classroom management strategies;
8. supervise students in non-classroom settings;
9. advance EBPs, including family-school partnerships, as part of a system of positive behavioral support for all students; and
10. disaggregate, analyze, and use academic and behavior data to identify appropriate intervening strategies for students at risk.

Each LEA was required to revise policies, procedures, and/or practices to bring them into compliance. This was verified by BSE during a follow-up comprehensive review where all sources of noncompliance were found to be corrected to 100% compliance. Lastly, the BSE verified that all corrective action of noncompliance in these 12 LEAs was completed within timelines, but no later than one year after notification of noncompliance.

In accordance with OSEP QA 23-01, the BSE's procedures verified systemic correction of policies, procedures, and practices, as well as verification of correction through file reviews for each individual case within the 12 LEAs identified. Updated data demonstrated 100% compliance with regulatory requirements prior to closure of corrective action. The BSE also verified student-specific corrective action for all citations of noncompliance where corrective action was implemented. This was done through the Individual Corrective Action Plan (ICAP) component of the overall CAVP web-based system. In the ICAP, the BSE reviewed updated data for each student whose file included a finding of noncompliance to ensure correction, unless the student was no longer within the jurisdiction of the LEA. Additionally, the BSE reviewed a new sample of student files to verify systemic compliance.

**Correction of Findings of Noncompliance Identified in FFY 2022**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| 29 | 29 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

Utilizing the State's definition of significant discrepancy and methodology, prior to June 30, 2023, the BSE conducted on-site reviews of all 29 LEAs that were identified as having a significant discrepancy. In preparation for the on-site review, each LEA was required to prepare and analyze its suspension data, including an examination of patterns and trends, and policies and procedures for functional behavioral assessment, manifestation determinations, IEPs, procedural safeguards and provision of FAPE for students whose removal constituted a change in placement.

To determine compliance with requirements of 34 CFR §300.170(b), the BSE reviewed each LEA's policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports and implementation of procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA. The BSE reviewed each LEA's Facilitated Self-Assessment (FSA). Each LEA provided a list to the BSE of all students with disabilities who were suspended during the entire reporting year. The Monitoring Chairperson reviewed files of students who were suspended or expelled and considered all data to determine whether the LEA was in compliance with IDEA requirements.

Findings of noncompliance were issued to an LEA through web-based monitoring systems, and BSE informed the LEA of the regulation that was being violated (linked to federal and state regulation) and directed the LEA to complete corrective action through a CAVP. The BSE monitored implementation of corrective action through interviews with administrative personnel, analysis of updated suspension data, and student file reviews. During the reviews to verify correction of noncompliance, the BSE looked for evidence that the LEA understood the regulations, including definitions and data reporting, and had updated policies, procedures, and practices as required by the BSE. The state verified that all LEAs in corrective action for noncompliance had corrected policies, procedures, and practices as well as each individual case of noncompliance, in conformance with OSEP QA 23-01. The BSE documented correction for the individual student(s) with findings of noncompliance from the initial verification review, then reviewed records of students suspended subsequent to findings being issued.

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

BSE verified, through a review of the database and on-site reviews of student files, that all 29 LEAs with noncompliance reported in FFY 2022 corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-1, dated July 24, 2023.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

## 4A - Prior FFY Required Actions

The State must report, in the FFY 2023 SPP/APR, on the correction of noncompliance that the State identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**Response to actions required in FFY 2022 SPP/APR**

The BSE verified through on-site reviews of policies, procedures, and practices, as well as reviews of updated data from student files, that the two LEAs identified in FFY 2022 are now correctly implementing the specific regulatory requirements and have corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. During the onsite reviews for each of the two LEAs, the BSE looked for evidence that teacher and administrators:

1.      understand the regulations, including definitions and data reporting, related to suspending student with IEPs;
2.      know what data must be reported to PDE/OSEP, and the implications of inaccurate data collection/reporting;
3.      ensure data accuracy, look for patterns and trends, and report data in a timely manner;
4.      review special education discipline data reports before submission;
5.      develop a range of disciplinary options to suspensions;
6.      implement strategies that keep students actively engaged in instruction;
7.      utilize evidence-based classroom management strategies;
8.      supervise students in non-classroom settings;
9.      advance EBPs, including family-school partnerships, as part of a system of positive behavioral support for all students; and
10.    disaggregate, analyze, and use academic and behavior data to identify appropriate intervening strategies for students at risk.

Each LEA was required to revise policies, procedures, and/or practices to bring them into compliance. This was verified by BSE during a follow-up comprehensive review where all sources of noncompliance were found to be corrected to 100% compliance. Lastly, the BSE verified that all corrective action of noncompliance in these two LEAs was completed within timelines.

In accordance with OSEP QA 23-01, the BSE's procedures verified systemic correction of policies, procedures, and practices, as well as verification of correction through file reviews for each individual case within the two LEAs identified in FFY 2022. Updated data demonstrated 100% compliance with regulatory requirements prior to closure of corrective action. The BSE also verified student-specific corrective action for all citations of noncompliance where corrective action was implemented. This was done through the ICAP component of the overall CAVP web-based system. In the ICAP, the BSE reviewed updated data for each student whose file included a finding of noncompliance to ensure correction, unless the student was no longer within the jurisdiction of the LEA. Additionally, BSE reviewed student files to verify systemic compliance.

## 4A - OSEP Response

## 4A - Required Actions

The State must report, in the FFY 2024 SPP/APR, on the correction of noncompliance that the State identified in FFY 2023 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

# Indicator 4B: Suspension/Expulsion

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

> A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

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

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

### Data Source

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

### Measurement

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

Include State's definition of "significant discrepancy."

### Instructions

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

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

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

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

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

> -- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

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

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

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

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

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

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

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

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

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

Targets must be 0% for 4B.

## 4B - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2016 | 4.55% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 9.09% | 7.14% | 7.14% | | 0.00% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 0% | 0% | 0% |

**FFY 2023 SPP/APR Data**

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

YES

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

The state has established a minimum n size of 40 students with disabilities enrolled for an LEA to be included in the calculation of a significant discrepancy.

In addition,  as described in PA's definition of significant discrepancy below, LEAs had to have suspended or expelled at least 10 eligible students for greater than 10 days in the school year; and had at least 10 students of one race suspended or expelled in this fashion.

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

The minimum n and/or cell sizes were established to guard against identifying LEAs with very low enrollment and very low frequencies of suspension as having a significant discrepancy in suspension and expulsion rates. Stakeholders endorsed this approach as reasonable when providing input regarding the definition of a significant discrepancy.

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

Not applicable

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

Not applicable

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

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| Number of LEAs that have a significant discrepancy, by race or ethnicity | Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements | Number of LEAs that met the State's minimum n/cell-size | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 22 | 7 | 651 | 0.00% | 0% | 1.08% | Did not meet target | Slippage |

**Provide reasons for slippage, if not applicable**

There are two trends that impact this slippage. First, FFY 2023 showed an increase in regular attendance of 3.14% for all students, including students with disabilities. Second, Pennsylvania is experiencing a decrease in overall enrollment, coupled with an increase in students eligible for special education services, resulting in an increase to 20.1% of the total enrollment. These factors may have led to an increase in suspensions for students with disabilities as there were increased opportunities for suspensions to occur. Further, an increase in the number of students identified in disability categories that have historically seen higher suspension and expulsion rates may have led to an increase of out-of-school suspensions.

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

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

**Were all races and ethnicities included in the review?**

YES

**State's definition of "significant discrepancy" and methodology**

Pennsylvania uses a comparison to the state average as the methodology for identifying LEAs with a significant discrepancy. Using data collected under section 618 of the IDEA (Report of Children with Disabilities Unilaterally Removed or Suspended/Expelled for More than 10 Days) for the school year 2022-23, Pennsylvania compared the rates of suspensions/expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the state. Pennsylvania calculated a state level suspension/expulsion rate to set a single "state bar," then calculated an LEA rate for each racial/ethnic group, and next compared each LEA's rate for each racial/ethnic group to the single state bar.

LEAs were identified as having a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of students with disabilities using the following criteria:

  • LEA had a total enrollment of students with disabilities of at least 40;

  • LEA had suspended or expelled at least 10 eligible students for greater than 10 days in the school year;

  • LEA had at least 10 students of one race suspended or expelled; and

  • the rate at which students of any race were suspended or expelled by an LEA was at least 1.5 times the state suspension rate for all students with disabilities in the reporting year (i.e., single bar applicable for all races). The State-level long-term suspension and expulsion rate for this reporting year is 0.57%.

**Provide additional information about this indicator (optional)**

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

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

Utilizing the State's definition of significant discrepancy and methodology, prior to June 30, 2024, the BSE conducted on-site reviews of all 22 LEAs that were identified as having significant discrepancy in rates of suspensions and expulsions by race or ethnicity. In preparation for the review, each LEA was required to prepare and analyze its suspension data, including an examination of patterns and trends, and policies and procedures for functional behavioral assessment, manifestation determinations, IEPs, procedural safeguards, and provisions of FAPE in a culturally responsive manner for students whose removal constituted a change in placement. The LEAs provided written responses to a series of probes designed to gather information and gain insights from the LEA team.

To determine compliance with the requirements of 34 CFR §300.170(b), the BSE reviewed each LEA's policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports and implementation of procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA. The BSE reviewed each LEA's FSA and considered all data to determine whether the LEA was in compliance with the IDEA requirements. The BSE examined suspension data for racial/ethnicity categories where discrepancies existed, and the LEA's professional development program, including training focused on opportunities to increase understanding of the ways in which race, culture, ethnicity, and language can influence student behavior and disciplinary practices. In addition, the BSE supported the LEA in using data to plan and implement effective behavior support. Each LEA provided a list to the BSE of all students who were suspended or expelled and the BSE conducted compliance reviews of those files.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

**If YES, select one of the following:**

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

**Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.**

The BSE conducted onsite reviews as described above, and determined that seven LEAs had policies, procedures, or practices that contributed to the significant discrepancy and did not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and/or procedural safeguards. Therefore, the BSE informed the LEAs of the regulation that is being violated (linked to state and federal regulation) and directed the LEAs to complete corrective action through a Corrective Action Verification Plan (CAVP). The BSE monitored implementation of corrective action through interviews with administrative personnel, analysis of updated suspension data, and student file reviews. During the review to verify correction of noncompliance, the BSE looked for evidence that teachers and administrators:

1. understand the regulations, including definitions and data reporting related to suspending students with IEPs;
2. know wat data must be reported to PDE/OSEP, and the implications of inaccurate data collection/reporting;
3. ensure data accuracy, look for patterns and trends, and report data in a timely manner;
4. review special education discipline data reports before submission;
5. develop a range of disciplinary options to suspensions;
6. implement strategies that keep students actively engaged in instruction;
7. utilize evidence-based classroom management strategies;
8. supervise students in non-classroom settings;
9. advance EBPs, including family-school partnerships, as part of a system of positive behavioral support for all students; and
10. disaggregate, analyze, and use academic and behavior data to identify appropriate intervening strategies for students at risk.

Each LEA was required to revise policies, procedures, and/or practices to bring them into compliance. This was verified by BSE during a follow-up comprehensive review where all sources of noncompliance were found to be corrected to 100% compliance. Lastly, the BSE verified that all corrective action of noncompliance in these seven LEAs was completed within timelines, but no later than one year after notification of noncompliance.

In accordance with OSEP QA 23-01, the BSE's procedures verified systemic correction of policies, procedures, and practices, as well as verification of correction through file reviews for each individual case within the seven LEAs identified. Updated data demonstrated 100% compliance with regulatory requirements prior to closure of corrective action. The BSE also verified student-specific corrective action for all citations of noncompliance where corrective action was implemented. This was done through the ICAP component of the overall CAVP web-based system. In the ICAP, the BSE reviewed updated data for each student whose file included a finding of noncompliance to ensure correction, unless the student was no longer within the jurisdiction of the LEA. Additionally, the BSE reviewed a new sample of student files to verify systemic compliance.

**Correction of Findings of Noncompliance Identified in FFY 2022**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| 6 | 6 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

Utilizing the State's definition of significant discrepancy and methodology, prior to June 30, 2024, the BSE conducted on-site reviews of all 20 LEAs that were identified as having a significant discrepancy. In preparation for the on-site review, each LEA was required to prepare and analyze its suspension data, including an examination of patterns and trends, and policies and procedures for functional behavioral assessment, manifestation determinations, IEPs, procedural safeguards and provision of FAPE to student whose removal constituted a change in placement.

To determine compliance with requirements of 34 CFR §300.170(b), the BSE reviewed each LEA's policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports and implementation of procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA. The BSE reviewed each LEA's Facilitated Self-Assessment (FSA). Each LEA provided a list to the BSE of all students with disabilities who were suspended during the entire reporting year. The Monitoring Chairperson reviewed a sample of files of student who were suspended or expelled and considered all data to determine whether the LEA was in compliance with IDEA requirements.

The BSE conducted on-site reviews as described above, and determined that six LEAs had policies, procedures, or practices that contributed to the significant discrepancy and did not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. Therefore, the state issued written findings of noncompliance. The LEAs were required to develop a Corrective Action Verification Plan (CAVP) that was approved by BSE. The BSE monitored implementation of corrective action through interviews with administrative personnel, analysis of updated suspension data, and student file reviews. During the reviews to verify correction of noncompliance, the BSE looked for evidence that the LEA understands the regulations, including definitions and data reporting, and has updated policies, procedures, and practices as required by the BSE. The state verified that all LEAs in corrective action for noncompliance have corrected

policies, procedures, and practices as well as each individual case of noncompliance, in conformance with OSEP QA 23-01. The BSE documented correction for the individual student(s) with findings of noncompliance from the initial verification review, then reviewed a new sample of files of students suspended subsequent to findings being issued and verified 100% correction of systemic noncompliance.

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

BSE has verified, through a review of the database and on-site reviews of student files, that the six LEAs with noncompliance reported in its FFY 2022 APR has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-1, dated July 24, 2023.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

## 4B - Prior FFY Required Actions

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

**Response to actions required in FFY 2022 SPP/APR**

The BSE has verified through on-site reviews of policies, procedures, and practices, as well as reviews of updated data from student files, that the six LEAs identified in FFY 2022 are now correctly implementing the specific regulatory requirements and have corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01.

During the onsite reviews for each of the six LEAs, the BSE looked for evidence that teacher and administrators:

1. understand the regulations, including definitions and data reporting, related to suspending student with IEPs;

2. know what data must be reported to PDE/OSEP, and the implications of inaccurate data collection/reporting;

3. ensure data accuracy, look for patterns and trends, and report data in a timely manner;

4. review special education discipline data reports before submission;

5. develop a range of disciplinary options to suspensions;

6. implement strategies that keep students actively engaged in instruction;

7. utilize evidence-based classroom management strategies;

8. supervise students in non-classroom settings;

9. advance evidence-based-practices, including family-school partnerships, as part of a system of positive behavioral support for all students; and;

10. disaggregate, analyze, and use academic and behavior data to identify appropriate intervening strategies for students at risk.

Each LEA was required to revise policies, procedures, and/or practices to bring them into compliance. This was verified by BSE during a follow-up comprehensive review where all sources of noncompliance were found to be corrected to 100% compliance. Lastly, the BSE verified that all corrective action of noncompliance in these six LEAs was completed within timelines.

In accordance with OSEP QA 23-01, the BSE's procedures verified systemic correction of policies, procedures, and practices, as well as verification of correction through file reviews for each individual case within the six LEAs identified in FFY 2022. Updated data demonstrated 100% compliance with regulatory requirements prior to closure of corrective action. The BSE also verified student-specific corrective action for all citations of noncompliance where corrective action was implemented. This was done through the ICAP component of the overall CAVP web-based system. In the ICAP, the BSE

reviewed updated data for each student whose file included a finding of noncompliance to ensure correction, unless the student was no longer within the jurisdiction of the LEA. Additionally, BSE reviewed student files to verify systemic compliance.

## 4B - OSEP Response

## 4B- Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the districts identified with noncompliance in FFY 2023 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case or child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

### Data Source

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

### Measurement

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

### Instructions

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

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

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

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

## 5 - Indicator Data

### Historical Data

| Part | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|------|----------|-----|------|------|------|------|------|
| A | 2019 | Target >= | 64.10% | | 61.48% | 61.48% | 62.36% |
| A | 61.48% | Data | 61.52% | 61.48% | 62.08% | 61.81% | 61.59% |
| B | 2019 | Target <= | 8.10% | | 9.62% | 9.62% | 9.62% |
| B | 9.62% | Data | 9.39% | 9.62% | 9.80% | 9.89% | 9.99% |
| C | 2019 | Target <= | 4.60% | | 4.81% | 4.81% | 4.81% |
| C | 4.81% | Data | 4.77% | 4.81% | 4.70% | 4.43% | 4.37% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target A >= | 63.24% | 64.12% | 65.00% |
| Target B <= | 9.08% | 8.54% | 8.00% |
| Target C <= | 4.81% | 4.81% | 4.00% |

### Targets: Description of Stakeholder Input

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

### Prepopulated Data

| Source | Date | Description | Data |
|--------|------|-------------|------|
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | Total number of children with IEPs aged 5 (kindergarten) through 21 | 338,186 |

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 208,506 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 34,764 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools | 13,603 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities | 777 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements | 412 |

**Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.**
NO

**FFY 2023 SPP/APR Data**

| Education Environments | Number of children with IEPs aged 5 (kindergarten) through 21 served | Total number of children with IEPs aged 5 (kindergarten) through 21 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 208,506 | 338,186 | 61.59% | 63.24% | 61.65% | Did not meet target | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 34,764 | 338,186 | 9.99% | 9.08% | 10.28% | Did not meet target | No Slippage |
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements *[c1+c2+c3]* | 14,792 | 338,186 | 4.37% | 4.81% | 4.37% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Preschool Environments

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

### Data Source

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

### Measurement

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

### Instructions

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

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

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

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

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

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

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

# 6 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

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

| Part | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|------|-----|------|------|------|------|------|
| A | Target >= | 64.80% | | 46.91% | 47.00% | 47.00% |
| A | Data | 66.66% | 58.69% | 46.91% | 53.93% | 57.50% |
| B | Target <= | 14.70% | | 17.70% | 17.50% | 17.50% |
| B | Data | 14.47% | 17.53% | 17.70% | 18.43% | 16.77% |
| C | Target <= | | | 17.08% | 17.00% | 17.00% |
| C | Data | | | 17.08% | 12.24% | 10.22% |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for Preschool Early Intervention Programs (Bureau of Early Intervention and Family Supports) reside.

**Targets**

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

Inclusive Targets

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

Target Range not used

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

| Part | Baseline Year | Baseline Data |
|------|---------------|---------------|
| **A** | 2019 | 58.69% |
| **B** | 2019 | 17.53% |
| **C** | 2020 | 17.08% |

**Inclusive Targets – 6A, 6B**

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target A >= | 50.00% | 55.00% | 59.00% |
| Target B <= | 17.50% | 17.00% | 17.00% |

**Inclusive Targets – 6C**

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target C <= | 16.50% | 16.50% | 16.50% |

**Prepopulated Data**

**Data Source:**

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

**Date:**

07/31/2024

| Description | 3 | 4 | 5 | 3 through 5 - Total |
|-------------|---|---|---|---------------------|
| Total number of children with IEPs | 12,221 | 16,927 | 6,004 | 35,152 |
| a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 6,067 | 11,021 | 4,063 | 21,151 |
| b1. Number of children attending separate special education class | 1,860 | 2,507 | 840 | 5,207 |
| b2. Number of children attending separate school | 81 | 123 | 97 | 301 |
| b3. Number of children attending residential facility | 2 | 3 | 3 | 8 |
| c1. Number of children receiving special education and related services in the home | 1,823 | 1,165 | 349 | 3,337 |

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

NO

**FFY 2023 SPP/APR Data - Aged 3 through 5**

| Preschool Environments | Number of children with IEPs aged 3 through 5 served | Total number of children with IEPs aged 3 through 5 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 21,151 | 35,152 | 57.50% | 50.00% | 60.17% | Met target | No Slippage |
| B. Separate special education class, separate school, or residential facility | 5,516 | 35,152 | 16.77% | 17.50% | 15.69% | Met target | No Slippage |
| C. Home | 3,337 | 35,152 | 10.22% | 16.50% | 9.49% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: Preschool Outcomes

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

>A. Positive social-emotional skills (including social relationships);

>B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and

>C. Use of appropriate behaviors to meet their needs.

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

### Data Source

State selected data source.

### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

### Summary Statements for Each of the Three Outcomes:

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

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

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

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

### Instructions

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

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

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

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

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

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

## 7 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**
NO

### Historical Data

| Part | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|------|----------|---------|---------|---------|---------|---------|---------|
| A1 | 2020 | Target >= | 90.84% | 90.84% | 84.04% | 84.04% | 84.04% |
| A1 | 84.04% | Data | 84.06% | 86.09% | 84.04% | 84.13% | 81.82% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| A2 | 2020 | Target >= | 69.02% | 69.02% | 65.21% | 65.21% | 65.21% |
| A2 | 65.21% | Data | 66.99% | 67.93% | 65.21% | 65.74% | 64.66% |
| B1 | 2020 | Target >= | 92.69% | 92.69% | 85.65% | 85.65% | 85.65% |
| B1 | 85.65% | Data | 87.31% | 87.61% | 85.65% | 86.46% | 84.06% |
| B2 | 2020 | Target >= | 67.54% | 67.54% | 62.41% | 62.41% | 62.41% |
| B2 | 62.41% | Data | 64.47% | 64.19% | 62.41% | 63.19% | 62.26% |
| C1 | 2020 | Target >= | 90.48% | 90.48% | 83.46% | 83.46% | 83.46% |
| C1 | 83.46% | Data | 84.23% | 85.63% | 83.46% | 83.26% | 81.41% |
| C2 | 2020 | Target >= | 71.37% | 71.37% | 66.59% | 66.59% | 66.59% |
| C2 | 66.59% | Data | 68.34% | 69.33% | 66.59% | 66.82% | 65.57% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target A1 >= | 84.04% | 85.00% | 85.00% |
| Target A2 >= | 65.21% | 66.50% | 66.50% |
| Target B1 >= | 85.65% | 87.00% | 87.00% |
| Target B2 >= | 62.41% | 63.50% | 63.50% |
| Target C1 >= | 83.46% | 85.00% | 85.00% |
| Target C2 >= | 66.59% | 68.00% | 68.00% |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for Preschool Early Intervention Programs (Bureau of Early Intervention and Family Supports) reside.


**FFY 2023 SPP/APR Data**

**Number of preschool children aged 3 through 5 with IEPs assessed**

17,148

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

| Outcome A Progress Category | Number of children | Percentage of Children |
|---|---|---|
| a. Preschool children who did not improve functioning | 88 | 0.51% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,965 | 11.46% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 4,113 | 23.99% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 5,415 | 31.58% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 5,567 | 32.46% |


| Outcome A | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time | 9,528 | 11,581 | 81.82% | 84.04% | 82.27% | Did not meet target | No Slippage |

| Outcome A | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| they turned 6 years of age or exited the program. *Calculation:(c+d)/(a+b+c+d)* | | | | | | | |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 10,982 | 17,148 | 64.66% | 65.21% | 64.04% | Did not meet target | No Slippage |

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

| Outcome B Progress Category | Number of Children | Percentage of Children |
|---|---|---|
| a. Preschool children who did not improve functioning | 82 | 0.48% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,003 | 11.68% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 4,482 | 26.14% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 7,022 | 40.95% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 3,559 | 20.75% |

| Outcome B | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)* | 11,504 | 13,589 | 84.06% | 85.65% | 84.66% | Did not meet target | No Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 10,581 | 17,148 | 62.26% | 62.41% | 61.70% | Did not meet target | No Slippage |

**Outcome C: Use of appropriate behaviors to meet their needs**

| Outcome C Progress Category | Number of Children | Percentage of Children |
|---|---|---|
| a. Preschool children who did not improve functioning | 100 | 0.58% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,051 | 11.96% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 3,857 | 22.49% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 5,480 | 31.96% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 5,660 | 33.01% |

| Outcome C | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)* | 9,337 | 11,488 | 81.41% | 83.46% | 81.28% | Did not meet target | No Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 11,140 | 17,148 | 65.57% | 66.59% | 64.96% | Did not meet target | No Slippage |

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

| Sampling Question | Yes / No |
|---|---|
| Was sampling used? | NO |

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

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

Pennsylvania's PSEI and Part C EI program used the same instruments, policies, and procedures for gathering child outcome data for indicator B7 and for the Part C indicator C3.

For both entry and exit data collection, one member of the IEP team collected and entered the child outcome data. This designated member was also charged with engaging the family in the child outcome data collection process and reviewing all data collection and ratings with the family. All local EI programs selected an authentic assessment tool from an approved list to gather child development information. The information from the authentic assessment tools was used to generate the COS rating.

All child outcome ratings were entered into the PELICAN-EI data system. PELICAN-EI converted the 1 – 7 COS ratings into progress categories and summary statements. It has built-in data checks to ensure quality data entry. PELICAN-EI allowed for reporting at both the state and local EI program levels. The PELICAN-EI data system provided alerts to the user when inaccurate or incomplete data has been entered.

For entry data collection, the designated member of the IEP team had 60 days from the child's initial IEP date to complete the child outcome process and entered the COS rating into PELICAN-EI. The child outcome process included: 1) completed the approved authentic assessment tool, 2) used the data from the authentic assessment tool and the publisher's Instrument Crosswalk to identify the child's skills in each of the three child outcomes indicators, and 3) obtained a 1 – 7 rating of the child's skills in each of the three indicators using the Decision Tree for Summary Rating Discussions.

Exit data was collected in the same manner as Entry data. Exit data also included a yes/no response to a question on whether the child had made progress since their entry to the EI program. The designated member of the IEP team had 60 days from the child's anticipated exit from the EI program to gather and enter the data into the PELICAN-EI system. Exit data was only gathered on children who received 6 consecutive months of EI service prior to their exit, with the starting point of service being the IEP date. For children who stayed in Pennsylvania's EI program past the typical age of transition to kindergarten, exit data was collected in the 60-day time-period prior to the child's sixth birthday.

To ensure high-quality child outcome data, Pennsylvania's EI system incorporated quality checks for child outcome data in the annual determination process. PSEI programs were measured on 1) the percentage of children who received at least 6 months of EI services prior to exiting and had both entry and exit ECO data, 2) a program ranking on summary statements 1 and 2 for each of the child outcome indicators and 3) the number of invalid child outcome entries. Invalid entries occur when the combination of the entry rating, exit rating, and the progress question create an impossible combination.

State training and guidance documents provide instructions on how to collect accurate and complete ratings. Policies and procedures for child outcome data collection and reporting are found at https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/instruction/early-learning/early-intervention/laws-regulations-and-announcements/announcements/2012/ei%2012-07%20child%20outcome.pdf

Child outcome training materials are found at: http://www.eita-pa.org/early-childhood-outcomes/. Two online ECO courses, ECO 101 and ECO 201, are available for continuing education credits applicable to PSEI educators. A child outcome Decision Tree job aide is available on the EITA Mobile App. The Decision Tree job aide provides PSEI educators and therapists with an interactive, mobile version of the ECO Decision Tree that is used while making ECO determinations in the field.

**Provide additional information about this indicator (optional)**

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 7 - Required Actions

# Indicator 8: Parent involvement

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

**Data Source**

State selected data source.

**Measurement**

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

**Instructions**

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

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

## 8 - Indicator Data

| Question | Yes / No |
|---|---|
| Do you use a separate data collection methodology for preschool children? | YES |
| If yes, will you be providing the data for preschool children separately? | YES |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where these descriptions reside.

School Age Programs (Bureau of Special Education)

BSE sought additional input from stakeholders for this Indicator. In September 2023, PA's Special Education Advisory Panel (SEAP) formed an ad hoc Committee to study the survey process and make recommendations on how to increase survey response rates for the school age survey. On January 17, 2024, the Committee presented preliminary recommendations to the full panel for survey design including the number of survey questions, survey delivery, and survey awareness. SEAP members offered additional ideas for the ad hoc Committee to review.

To increase response rates, the full panel recommended a reduction the number of survey questions to from 25 to five. Historical performance data on all 25 survey questions were examined, and survey questions were classified into five subsets. After lengthy discussion, one question from each subset was selected to appear in a revised survey to be used for the first time in FFY 2023.  SEAP offered additional recommendations to BSE regarding survey awareness to increase the response rate of the survey.

In November 2024, SEAP was again engaged to provide stakeholder input regarding the establishment of a cut score for the revised survey to establish baseline performance for FFY 2023, and to recommend targets for FFY 2024 and FFY 2025. BSE staff presented FFY 2023 baseline data and offered two options for SEAP consideration, methods for calculating interim annual targets, and terminal targets. Panel members were also invited to suggest other options of target(s) that would demonstrate improvement over baseline, to propose a method(s) for calculating interim annual targets, and to suggest other terminal target(s). The panel declined the invitation to submit other stakeholder suggested annual or terminal targets for this indicator and recommended one of the options that were provided for their consideration.

The baseline performance for FFY 2023 and the targets provided below for FFY 2024 and FFY 2025 reflect the panel's recommendations to the BSE.

**Historical Data**

| Group | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|
| Preschool | 2008 | Target >= | 88.00% | 85.27% | 89.00% | 90.00% | 91.00% |
| Preschool | 84.10% | Data | 85.29% | 92.20% | 89.70% | 87.43% | 87.55% |
| School age | 2008 | Target >= | 41.34% | 41.34% | 46.37% | 40.66% | 47.91% |
| School age | 34.50% | Data | 40.97% | 45.59% | 44.04% | 45.24% | 40.71% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target A >= | 92.00% | 93.00% | 94.00% |
| Target B >= | | 50.76% | 51.10% |

**FFY 2023 SPP/APR Data: Preschool Children Reported Separately**

| Group | Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities | Total number of respondent parents of children with disabilities | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| Preschool | 7,616 | 8,735 | 87.55% | 92.00% | 87.19% | Did not meet target | No Slippage |
| School age | 418 | 829 | 40.71% | | 50.42% | N/A | N/A |

**The number of parents to whom the surveys were distributed.**
56,217
**Percentage of respondent parents**
17.01%

**Response Rate**

| FFY | 2022 | 2023 |
|---|---|---|
| Response Rate | 17.95% | 17.01% |

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

School Age Programs (Bureau of Special Education)

The state has determined that if the category represented by the respondent group was in the range of 5% above or below the percentage of the population of school age children receiving special education services in that category, it would be considered representative.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

The state has determined that if the category represented by the respondent group was in the range of 5% above or below the percentage of the population of preschool children receiving special education services, that category would be considered representative.

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

School Age Programs (Bureau of Special Education)

For the current reporting year, the revised school age survey was distributed to 16,951 parents of students with disabilities from 136 LEAs. Included in this distribution was an over-sampling of parents of Black or African American (not Hispanic) and Hispanic students to compensate for historically lower response rates from parents within these groups.

The state has determined that if the category represented by the respondent group was in the range of 5% above or below the percentage of the population of school age children receiving special education services in that category, it would be considered representative. As shown in Tables 8.1 and 8.2 below, for parents of school age students receiving special education services, 18 of the 19 comparisons are within the state-established range, an improvement from the previous year when 16 of the 19 comparisons were within the range. Only parents of students with autism are over-represented in this respondent group for the current year.

The oversampling described above had the desired effect of making the respondent group representative of the two race/ethnicity categories in which it occurred.

Table 8.1
Race/Ethnicity of School Age Students Represented by Parent Respondents

| Race/Ethnicity | Total Respondent Group Percent | Children Receiving Special Education Services Percent |
|---|---|---|
| American Indian/Alaska Native | <1.0% | <1.0% |
| Asian | 3.0% | 2.0% |
| Black or African American | 12.9% | 17.1% |
| Hispanic | 17.1% | 15.6% |
| Multiracial | 2.9% | 6.1% |
| Native Hawaiian/Other Pacific Islander | <1.0% | <1.0% |
| White | 63.9% | 59.0% |

Table 8.2
Disability Category of School Age Students Represented by Parent Respondents

| Disability Category | Total Respondent Group Percent | Children Receiving Special Education Services Percent |
|---|---|---|
| Autism | 19.3% | 13.9% |
| Deaf-Blindness | <1.0% | <1.0% |
| Emotional Disturbance | 7.6% | 7.9% |
| Hearing Impairment Including Deafness | <1.0% | <1.0% |
| Intellectual Disability (Mental Retardation) | 6.6% | 6.1% |
| Multiple Disabilities | 1.1% | <1.0% |
| Orthopedic Impairment | <1.0% | <1.0% |
| Other Health Impairment | 18.1% | 18.3% |
| Specific Learning Disability | 33.5% | 37.6% |
| Speech or Language Impairment | 11.8% | 13.9% |
| Traumatic Brain Injury | <1.0% | <1.0% |
| Visual Impairment including Blindness | <1.0% | <1.0% |

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

The representativeness in the preschool respondent group by race/ethnicity and disability categories is displayed in Tables 8.3 and 8.4. The state has determined that if the percentage of the respondent group in a category was in the range of 5% above or below the percentage of the preschool of children receiving special education services, that category would be considered representative.

None of the race/ethnicity comparisons of the respondent group to the population of preschool children receiving Early Intervention services was outside the state-established range.

In the FFY 2023 EI Family Survey, respondents of children receiving special education services in the PSEI program were asked to identify their child's disability category from a list that included 13 disability categories, including developmental delay. Families were also provided with an option to choose "I'm not sure". Out of the 14 options available, 2 disability categories were over-represented when compared to the population of children receiving special education services, and one disability category was under-represented in responses. Families of children with Autism were over-represented by 8.35% and families of children with Speech and Language Impairment were over-represented by 9.53%. Families of children with Developmental Delay were under-represented by 30.33%. A total of 8.52% of respondents chose to not identify their child in a specific disability category and chose "I'm not sure".

It is hypothesized that the over and under-representation in these disability categories were due to 1) PSEI programs who may not have updated the disability category for children who had recent changes in diagnosis; and 2) the change in data collection procedures from identifying disability category data by matching data within PELICAN-EI to asking parents to choose a disability category.

Table 8.3
Race/Ethnicity of Preschool Children Represented by Parent Respondents

| Race/Ethnicity | Total Survey Respondent Group Percent | Preschoolers Receiving Special Education Services Percent |
|---|---|---|
| American Indian/Alaska Native | <1.0% | <1.0% |
| Asian | 4.29% | 3.40% |
| Black or African American | 11.82% | 16.15% |
| Hispanic | 19.72% | 15.54% |
| Multiracial | 9.14% | 8.80% |
| Native Hawaiian/Other Pacific Islander | <1.0% | <1.0% |
| White | 54.28% | 55.82% |

Table 8.4
Disability Category of Preschool Children Represented by Parent Respondents

| Disability Category | Total Survey Respondent Group Percent | Preschoolers Receiving Special Education Services Percent |
|---|---|---|
| Autism | 27.60% | 16.12% |
| Deaf-Blindness | <1.0% | <1.0% |
| Developmental Delay | 12.75% | 44.30% |
| Emotional Disturbance | 1.04% | <1.0% |
| Hearing Impairment Including Deafness | <1.0% | 1.05% |
| Intellectual Disability (Mental Retardation) | <1.0% | <1.0% |
| Multiple Disabilities | 6.09% | 5.81% |
| Orthopedic Impairment | <1.0% | <1.0% |
| Other Health Impairment | 1.16% | 2.08% |
| Specific Learning Disability | <1.0% | <1.0% |
| Speech or Language Impairment | 41.38% | 34.56% |
| Traumatic Brain Injury | <1.0% | <1.0% |
| Visual Impairment including Blindness | <1.0% | <1.0% |
| Unknown/I'm not sure | 8.35% | <1.0% |

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

NO

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

School Age Programs (Bureau of Special Education)

The school age program is undergoing a two-pronged approach to increasing the representativeness of the students whose parents are responding and to increasing the response rate for the survey used for this Indicator.

First, with intensive stakeholder input, the survey was reduced from 25 items to five items. Decisions on which items to include were made with the advice of the Family Engagement subcommittee of state's Special Education Advisory Panel. This subcommittee examined longitudinal performance of each item on the previous survey. These items were grouped into five bands of like-performing items, from which one item per band was selected to be included in the revised survey. The subcommittee then presented the results of their deliberations to the entire advisory panel which, after deliberation, voted to endorse the selections made by the subcommittee. This revised survey was used for the first time in FFY 2023.

Second, the data collection process is being revised and will take effect in the FFY 2024 reporting year. To take advantage of contemporary technology, the distribution of paper surveys will be replaced by postcards sent to parents or legal guardians of students with disabilities who were sampled based upon the OSEP-approved sampling plan for this Indicator. The postcards will contain a QR (or Quick Response) code that can be read by smart phones and will be linked to the five-question survey. (For those parents or legal guardians who do not have access to a smart phone, a URL will be provided to access the survey.) Unique access codes printed with the address will allow access to the survey and will link responses to demographic variables stored in a separate database. This permits the survey to remain short without the need for respondents to provide additional identifying information. The content of the postcard was suggested by the Family Engagement subcommittee of the Special Education Advisory Panel which subsequently voted to endorse the content.

Paper surveys will be available only upon request. Options for translating the online survey into foreign languages will be available and will be in pilot form the first year of the new online process.

It is anticipated that the shortened survey with easier access will improve both the representativeness of students whose parents are responding and the response rate for the school age survey.

Upon completion of the survey, respondents will be provided links to pages on the PaTTAN website where they can learn about family engagement efforts and opportunities to participate in them.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

To ensure the accuracies of the disability categories identified in the PELICAN-EI data system, BEISFS sent communications in FFY 2024 to PSEI programs prompting them to review and update disability categories for children who will be receiving the survey as needed. A reminder of the need to update disability categories was also included in the Family Survey Kick-off webinar held in December 2024.

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

School Age Programs (Bureau of Special Education)

There were no underrepresented groups. However, the strategies described above that make it easier for parents to respond are expected to increase the overall response rate.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Pennsylvania's response rate has increased since the current online survey was implemented in FFY 2019. The survey return rate in FFY 2019 was 20.32% and is currently 24.20%.

Pennsylvania will continue the same general process to increase the survey response rate, including the use of an online survey that is disseminated by the PSEI program staff and standard dissemination materials for PSEI programs. Based on the top languages reported as the primary language used in the home, the EI Family Survey will continue to be available in English, Spanish, Nepali, Arabic, Portuguese, Russian, Chinese, and French. BEISFS will continue to monitor the data related to the primary language used in the home and make changes to the survey languages that are available based on this data. Additional translation services are available from the local PSEI programs and a statewide toll-free hotline.

A webinar was held on December 17, 2024, to provide strategies for local programs to ensure that they are reaching underrepresented families. A set of Frequently Asked Questions identifying procedures for dissemination of the survey are available to local PSEI programs.

The Family Survey will be open from January 6, 2025, to May 30, 2025. During that time, PSEI programs will be provided with weekly updates on the number of surveys that have been returned to help track dissemination efforts.

Pennsylvania's local program determination process includes data from the annual family survey, including the three Part C C4 questions, the Part B/619 B8 question, several other state-specific survey questions, and the survey return rate. PSEI programs are held accountable for their performance on these items through the Determination process. This accountability has also played a role in increasing survey return rates.

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

School Age Programs (Bureau of Special Education)

Nonresponse bias occurs when a subgroup that is underrepresented in response data also differs from other subgroups in the outcome of interest. Because Indicator 8 response data did not reflect underrepresentation with respect to disability category and race/ethnicity, there is not a concern for nonresponse bias in the data with respect to these variables. Nonetheless, increasing the overall response rate using the strategies described earlier will be important in reducing the potential for nonresponse bias in the future.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

On a monthly basis during the survey time-period, BEISFS analyzed demographic data on returned surveys. Demographics included: PSEI programs, geographic region, race/ethnicity, and primary language used in the home. The analysis was provided to PSEI programs to assist in increasing response rates and representativeness of the survey. Nonresponse bias is analyzed on an annual basis and additional strategies are incorporated into the survey design and dissemination process as needed.

To prevent nonresponse bias, Pennsylvania incorporated the following strategies into the family survey design and dissemination process to increase responses:

- The survey could be taken on multiple types of devices including iPhones, Android mobile devices, computers, tablets, and paper.

- The survey included an introduction that explained the process of the survey and how the data would be used.

- The survey was anonymous.

- Survey questions could be skipped if not applicable to the family's situation.

- The questions that is used to measure Indicator B8 was in the first five questions on the survey to prevent nonresponse due to survey fatigue.

- If the family did not complete the survey in a single time period, they could complete the survey at another time without having to repeat questions.

- The survey was conducted over a 5-month period to ensure an adequate opportunity for families to respond.

- Local PSEI programs were responsible for disseminating the survey to families in their programs. PSEI programs provided incentives and reminders to families.

• BEISFS monitored the survey return rates for each EI program and incorporated return rate targets into the annual determination process.

To assess for nonresponse bias, BEISFS analyzed the differences between the percentage of agreement on the family survey from families who completed the survey in the first four weeks of the data collection period (February 1 – 28) compared to families who completed the survey during the last four weeks of the data collection period (June 4 – 30).

Results showed:

• overall, families showed decreased rates of agreement when comparing agreement rates at the beginning of the survey with the end of the survey. The average rate of agreement in weeks 1 – 4 of the survey was 92.24%, in weeks 10 – 13 was 87.97%, and in the final weeks of the survey (19 – 22) was 88.48. While overall agreement with the survey question, there was a 3.76% decrease in agreement from the start to end of the data collection period.

• this pattern of decreasing agreement over time was consistent for respondents who were white, Hispanic and Black/African American. Respondents who were Asian showed stable rates of agreement from the start to end of the survey.

• respondents who were Black/African American showed the lowest rates of agreement across the data collection period (weeks 1-4 = 80.00%, weeks 10-13 = 78.91%, weeks 19-22 = 78.87%).

As recommended by the IDEA Data Center, in Parent Involvement Data: How to Measure and Improve Representativeness for Part B Indicator 8 (July 2021), responses collected at the end of a data collection period can be a "proxy for nonresponders". Pennsylvania's data showed a small decrease in the percentage of agreement from respondents answering at the start of the data collection period in comparison with those responding at end of the data collection period. However, it is BEISFS's conclusion that there was little to no nonresponse bias in the family survey.

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

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

School Age Programs (Bureau of Special Education)

The sampling plan for this indicator was approved by OSEP in Pennsylvania's FFY 2005 SPP and is continued for this submission. The present cohort consists of the same set of LEAs on the same schedule as was devised in the original submission. The sampling plan also includes all LEAs that have been established since the original approval. This process provides a representative sample of leavers based on LEA size, and stratified on race and controlled by disability category, grade, LEA, and educational environment. Additional details about this plan were requested by OSEP on 4 January, 2023, and OSEP's evaluation of the sampling plan indicated that it is approvable.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

Sampling did not occur in the preschool program.

| Survey Question | Yes / No |
|---|---|
| Was a survey used? | YES |
| If yes, is it a new or revised survey? | YES |
| If yes, provide a copy of the survey. | PA FFY 23 Revised School Age Parent Survey |

**Provide additional information about this indicator (optional)**

## 8 - Prior FFY Required Actions

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

**Response to actions required in FFY 2022 SPP/APR**

These Required Actions have been addressed in the appropriate sections provided above for this purpose.

## 8 - OSEP Response

## 8 - Required Actions

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

# Indicator 9: Disproportionate Representation

## Instructions and Measurement

**Monitoring Priority:** Disproportionality

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

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

### Data Source

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

### Measurement

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

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

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

### Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

## 9 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2020 | 0.00% |

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

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 0% | 0% | 0% |

**FFY 2023 SPP/APR Data**

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

YES

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

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| Number of districts with disproportionate representation of racial/ethnic groups in special education and related services | Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 0 | 0 | 630 | 0.00% | 0% | 0.00% | Met target | No Slippage |

**Were all races and ethnicities included in the review?**

YES

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

To complete its analysis for this indicator, Pennsylvania compared data collected for the Report of Children with Disabilities Receiving Special Education under Part B of the IDEA, as amended (Child Count) for all children with disabilities aged 5 through 21 served under IDEA and the most current general enrollment data available from the Pennsylvania Information Management System (PIMS) system.

The following methodology and criteria were applied to identify the number of LEAs with disproportionate representation of racial and ethnic groups in special education and related services:

- weighted risk ratio analysis; same threshold (single bar) for all racial categories;

- cut point of 3.0 for the upper bound;

- minimum cell size of 40 students with disabilities in racial category; and

- two consecutive years of data.

Pennsylvania analyzed data for each LEA, and for all racial and ethnic groups in the LEA that met the minimum cell size. The decision to require two consecutive years of data is based on fluctuation in enrollment in Pennsylvania's LEAs, especially in its charter schools.

Using the above criteria, the state determined that no LEA met the data threshold as having disproportionate representation of racial and ethnic groups in special education and related services.

**Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.**

Not applicable

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

# Indicator 10: Disproportionate Representation in Specific Disability Categories

## Instructions and Measurement

**Monitoring Priority:** Disproportionality

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

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

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

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

## 10 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2020 | 0.00% |

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

| | Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 0% | 0% | 0% |

**FFY 2023 SPP/APR Data**

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

YES

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

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| Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories | Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 3 | 0 | 630 | 0.00% | 0% | 0.00% | Met target | No Slippage |

**Were all races and ethnicities included in the review?**

YES

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

To complete its analysis for this indicator, Pennsylvania compared data collected for the Report of Children with Disabilities Receiving Special Education under Part B of the IDEA, as amended (Child Count) for all children with disabilities aged 5 through 21 served under IDEA and the most current general enrollment data available from the Pennsylvania Information Management System (PIMS).

The following methodology and criteria were applied to identify the number of LEAs with disproportionate representation of racial and ethnic groups in specific disability categories:

- weighted risk ratio analysis;

- same threshold (single bar) for all racial categories; cut point of 3.0 for the upper bound;

- minimum cell size of 40 students with disabilities in racial category; and

- two consecutive years of data.

Pennsylvania analyzed data for children in each LEA in the following six disability categories: intellectual disability, specific learning disability, emotional disturbance, speech or language impairment, other health impairment, and autism, and for all racial and ethnic groups in the LEA that met the minimum cell size. The decision to require two consecutive years of data is based on fluctuation in enrollment in Pennsylvania's LEAs, especially in its charter schools.

Using the above criteria, the BSE determined that three LEAs met the data threshold as having disproportionate representation for students of Two or More Races with intellectual disabilities.

**Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.**

To determine whether the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification, the BSE conducted monitoring in these three LEAs. In preparation for the on-site review, the LEAs reviewed their written policies, procedures, and practices for referral, evaluation, and identification of students with disabilities.

To determine compliance with requirements of 34 CFR §§300.600(d)(3) and 300.602(a), the BSE reviewed each LEA's written policies and procedures relating to referral, evaluation, and identification to ensure that these policies, procedures, and practices comply with IDEA. The BSE reviewed each LEA's Facilitated Self-Assessment and considered all data to determine whether each LEA was in compliance with the IDEA requirements. The BSE examined each LEA's data collection procedures and practices, any LEA-unique circumstance potentially influencing identification rates, each LEA's information regarding assessment tools, academic and behavioral support models, and the use of effective practices for culturally and/or linguistically diverse learners. In addition, the BSE looked at each LEA's professional development programs and family involvement strategies, conducted interviews

of administration, and supported each LEA's use of data to drive program improvement. Each LEA provided a list of students identified by the LEA in the racial and disability category flagged in the years subject to review, and each file was reviewed to determine compliance with IDEA related requirements. BSE determines whether the file review supports the conclusion that each student has been appropriately identified as a student with a disability.

BSE determined that each LEA was in compliance with requirements. Therefore, no LEA had disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

# 10 - Prior FFY Required Actions

None

# 10 - OSEP Response

# 10 - Required Actions

# Indicator 11: Child Find

## Instructions and Measurement

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

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

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

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

Targets must be 100%.

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

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

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

## 11 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 94.35% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.05% | 94.33% | 94.97% | 95.56% | 93.08% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 100% | 100% | 100% |

**FFY 2023 SPP/APR Data**

| (a) Number of children for whom parental consent to evaluate was received | (b) Number of children whose evaluations were completed within 60 days (or State-established timeline) | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 39,646 | 37,049 | 93.08% | 100% | 93.45% | Did not meet target | No Slippage |

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

2,597

**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.**

School Age Programs (Bureau of Special Education)

BSE's review of the FFY 2023 monitoring for Indicator 11 confirms that all 715 school age students who did not receive a timely initial evaluation did receive an evaluation, although late. Of the total number of students evaluated, 5.1% were completed within 61-90 days, and 1.5% were completed within 120 days. Reasons for delays were primarily attributed to staff shortages, errors in timeline calculations, Kindergarten transition delays, and administrative delays.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

The FFY 2023 data showed that 1,882 children are included in (a) but not in (b). All children who did not receive a timely initial evaluation, did receive an evaluation, although late. Analysis of the data showed that of those evaluations that were late, 70.51% were completed by 90 days, 19.93% were completed between 91-120 days, and 9.80% were completed over 121 days. Reasons for delays were primarily attributed to staffing shortages, system errors, scheduling calculation errors and scheduling conflicts, such provider and program breaks. In all instances, although late, preschool children received their evaluations.

**Indicate the evaluation timeline used:**

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

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

State monitoring

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

School Age Programs (Bureau of Special Education)

LEAs submit required data for Indicator 11 on a cyclical basis aligned with BSE's monitoring cycle (approximately one-sixth of the LEAs in the Commonwealth are monitored each year). Student-specific and aggregated data sufficient to address all technical reporting requirements for this Indicator are collected. Data were reported as the actual number of days, not an average number of days, for the period of July 1, 2023 through June 30, 2024.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

For Preschool Early Intervention programs, Pennsylvania collected data for this indicator through a statewide database and is based on actual number of days, not an average number of days, for the period of July 1, 2023, through June 30, 2024.

**Provide additional information about this indicator (optional)**

The source of the data provided for this Indicator:

School Age Programs (Bureau of Special Education)

State monitoring

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

State database that includes data for the entire reporting year

**Correction of Findings of Noncompliance Identified in FFY 2022**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| 64 | 50 | 11 | 3 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

School Age Programs (Bureau of Special Education)

The process for collecting data is explained above. In July-August, BSE reviewed spreadsheets in which LEAs reported data from the entire year for all students for whom initial evaluations for special education had been conducted. The spreadsheets were aggregated into one master form which includes mandatory reporting fields to document that, for any student where the LEA did not meet required timelines, an initial evaluation was conducted, although late, and an IEP was developed if the student was determined to be eligible for special education. Following this BSE review, all LEAs were provided with written notification of their compliance status. LEAs determined to be in noncompliance were informed that they must correct the noncompliance as soon as possible, but not later than one year from the notification. These LEAs were required to perform quarterly reporting through which the LEA provided updated data on all new initial evaluations. When these LEAs demonstrated 100% compliance with evaluation timelines for two consecutive reporting periods, BSE closed corrective action. For those LEAs that did not achieve 100% compliance, BSE conducted onsite reviews to assist in the identification of root causes, and required technical assistance. BSE also informed the LEA of pending enforcement actions should the LEA not correct the noncompliance within the one-year timeline (from the date of the original notification). BSE conducted follow-up reviews of all LEAs identified with ongoing noncompliance through quarterly reporting and conducted onsite reviews of individual student files as well as policies, procedures, and practices. The result of this process allowed BSE to determine that findings of noncompliance were verified as corrected within one year for 50 findings for FFY 2022. BSE reviewed all evaluations that were completed beyond the 60-day requirement and verified evidence of compensatory education, when appropriate.

BSE conducted follow-up of all LEAs identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. Fourteen LEAs did not achieve closure of corrective action within one year of notification of noncompliance. The BSE directly informed these LEAs of pending enforcement actions. BSE advisors continued to examine individual student files, practices, and procedures to verify correct implementation of 34 CFR §300.301(c)(1). The BSE continued to work directly with the LEAs and assigned TA and PD that examined root causes and barriers to achieving compliance. BSE supported the recruitment of new school psychologists and funded paid internships to help increase certified school psychologist. Lack of certified school psychologies has been continuously cited as the primary reason for the delay in completing initial evaluations within the 60-day requirement. These LEAs stated that this, coupled with the shortage of eligible candidates for hire, made it difficult to achieve compliance. Of these 14, 11LEAs subsequently did achieve closure by demonstrating 100% compliance for two consecutive reporting periods.

Three LEAs did not achieve compliance within one year of notification of noncompliance, and corrective action is ongoing. The BSE has verified that the three LEAs are making progress to correct deficiencies but, as of the date of this report, 100% compliance with requirements has not been achieved.

Except for the three LEAs that have not completed corrective action, the BSE has verified that the 11 LEAs that have subsequently corrected noncompliance are correctly implementing the regulatory requirements related to the provision of timely evaluations, consistent with OSEP QA 23-01, dated July 24, 2023.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

To verify that PSEI programs with identified instances of noncompliance were correctly implementing the regulatory requirements for the provision of timely initial evaluations, BEISFS Advisors reviewed a sample of initial evaluation data from identified PSEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that the PSEI program was now correctly implementing the regulatory requirements for timely initial evaluations.

In addition, PSEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors. Implementation of the QEP was validated within one year of issuance of the report on findings. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all PSEI programs with identified noncompliance in FFY 2022 were correctly implementing regulatory requirements related to the timely initial evaluations, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

School Age Programs (Bureau of Special Education)

For each individual case of noncompliance, BSE reviewed updated data through on-site reviews of student files and confirmed each child received an initial evaluation, although late. BSE examined this evidence to ensure all individual cases of noncompliance were corrected, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01, dated July 24, 2023.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received an initial evaluation, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**
**Actions taken if noncompliance not corrected**

School Age Programs (Bureau of Special Education)

The BSE reviewed the LEAs' policies, procedures, and practices to ensure they comply with timely initial evaluations. Because the three LEAs cited difficulties related to staff shortages, the BSE provided additional oversight by increasing on-site visits and providing technical assistance. In addition, the

BSE helped develop a schedule to assist school psychologists in managing caseloads within requirements.

To address the ongoing noncompliance, the BSE assigned additional BSE personnel to develop in-depth action plans to bring all outstanding evaluations to completion, while staying in compliance with new initial evaluations. The BSE reviewed all evaluations that went beyond the 60-day required timeline, mandated compensatory education, and monitored student files on a monthly basis. The BSE interviewed administrative personnel responsible for the special education evaluation process and compliance to conduct root cause analyses and revise action plans.

The BSE formalized the department's expectations related to federal requirements by outlining the details of each LEA's status of ongoing noncompliance which initiated the BSE's monthly reviews. To prevent further noncompliance, the BSE assistant director worked closely with BSE leadership to monitor LEAs at risk of longstanding noncompliance. This included monthly meetings, LEA check in calls, and formal communication.

The BSE informed each of these LEAs that, in accordance with the Basic Educational Circular, Special Education Compliance, if the LEA does not obtain prompt and consistent compliance, BSE's protocol includes scheduling a meeting at PDE, which the LEA will be required to attend, to address the noncompliance, and if necessary, the enforcement mechanisms that will be utilized to obtain compliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| FFY 2021 | 1 | 0 | 1 |
| FFY 2020 | 2 | 1 | 1 |
| FFY 2019 | 1 | 0 | 1 |
| | | | |
| | | | |

**FFY 2021**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

School Age Programs (Bureau of Special Education)

BSE conducted follow-up of the one LEA identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. The LEA did not achieve closure of corrective action within one year of notification of noncompliance, and corrective action is ongoing. Because the LEA did not obtain prompt and consistent compliance, The BSE informed this LEA that, in accordance with the Basic Educational Circular, Special Education Compliance, the BSE scheduled a meeting at PDE, which the LEA was required to attend, to address the noncompliance, and described the enforcement mechanisms being utilized to obtain compliance. The BSE has verified that this LEA is making progress correcting deficiencies but, as of the date of this report, 100% compliance with requirements has not been achieved.

The BSE directly informed this LEA of pending enforcement actions. BSE advisors continued to examine individual student files, practices, and procedures to verify correct implementation of 34 CFR §300.301(c)(1). In addition, the BSE continued to help the LEA identify root causes and barriers to the delay in completing initial evaluations within the 60-day requirement.

This LEA has an average daily membership of over 50,000 and is therefore monitored every year. Because the annual monitoring is a sample of the LEA, this LEA is represented as in corrective action for multiple years beginning in FFY 2020. This is the second of three consecutive years where this LEA has been found to have noncompliance.

This LEA's procedures for assigning school psychologists across the district to conduct initial evaluations were disjointed. Therefore, in the BSE approved corrective action plan, the LEA proposed the creation of a centralized location for conducting initial evaluations. A centralized location and schedule is expected to assist school psychologists in managing caseloads within requirements.

**FFY 2020**

**Findings of Noncompliance Verified as Corrected**

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

School Age Programs (Bureau of Special Education)

BSE conducted follow-up of two LEAs identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. One LEA demonstrated 100% compliance with evaluation timelines for two consecutive reporting periods and the BSE closed corrective action.

The BSE has verified that this LEA, identified with noncompliance in FFY 2020, is correctly implementing the regulatory requirements related to the provision of timely evaluations, consistent with OSEP QA 23-01, dated July 24, 2023.

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

School Age Programs (Bureau of Special Education)

The BSE has verified that each LEA with noncompliance reported in its FFY 2020 APR has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. This was verified through review of the database and individual

student files.

**FFY 2020**
**Findings of Noncompliance Not Yet Verified as Corrected**
**Actions taken if noncompliance not corrected**

School Age Programs (Bureau of Special Education)

BSE conducted follow-up with the LEA identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. The LEA did not achieve closure of corrective action within one year of notification of noncompliance, and corrective action is ongoing. Because the LEA did not obtain prompt and consistent compliance, The BSE informed this LEA that, in accordance with the Basic Educational Circular, Special Education Compliance, the BSE scheduled a meeting at PDE, which the LEA was required to attend, to address the noncompliance, and described the enforcement mechanisms being utilized to obtain compliance. The BSE has verified that this LEA is making progress correcting deficiencies but, as of the date of this report, 100% compliance with requirements has not been achieved.

The BSE directly informed this LEA of pending enforcement actions. BSE advisors continued to examine individual student files, practices, and procedures to verify correct implementation of 34 CFR §300.301(c)(1). In addition, the BSE continued to help the LEA identify root causes of and barriers to the delay in completing initial evaluations within the 60-day requirement.

This LEA has an average daily membership of over 50,000 and is therefore monitored every year. Because the annual monitoring is a sample of the LEA, this LEA is represented as in corrective action for multiple years beginning in FFY 2020. This is the first of three consecutive years where this LEA has been found to have noncompliance.

This LEA's procedures for assigning school psychologists across the district to conduct initial evaluations were disjointed. Therefore, in the BSE approved corrective action plan, the LEA proposed plans to create a centralized location for conducting initial evaluations. A centralized location and schedule is expected to assist school psychologists in managing caseloads within requirements.

**FFY 2019**
**Findings of Noncompliance Not Yet Verified as Corrected**
**Actions taken if noncompliance not corrected**

School Age Programs (Bureau of Special Education)

The BSE assigned a team of advisors and leadership to conduct targeted monitoring based on longstanding noncompliance with timely initial evaluations, administrative concerns, and a lack of responsiveness to ongoing corrective action and technical assistance. This monitoring included a student file review of every student in the LEA with an IEP, specifically looking for failure to deliver free appropriate public education. As a result, compensatory education was ordered by the BSE. Due to a lack of response, particularly as it related to assigned technical assistance in the LEA's Needs Intervention improvement plan, the BSE redirected IDEA funds to ensure initial evaluations were brought into compliance.

## 11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 43 uncorrected findings of noncompliance identified in FFY 2021, three findings in FFY 2020 and one finding in FFY 2019 were corrected.   When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021, FFY 2020 and FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

These Required Actions have been addressed in the appropriate sections provided above for this purpose.

## 11 - OSEP Response

## 11 - Required Actions

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

issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

# Indicator 12: Early Childhood Transition

## Instructions and Measurement

**Monitoring Priori**ty: Effective General Supervision Part B / Effective Transition

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

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

**Data Source**

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

**Measurement**

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

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

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

**Instructions**

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

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

Targets must be 100%.

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

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

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

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

## 12 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 94.80% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 90.15% | 93.45% | 98.37% | 98.32% | 95.73% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 100% | 100% | 100% |

**FFY 2023 SPP/APR Data**

| | |
|---|---|
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination. | 10,827 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday. | 661 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays. | 8,880 |
| d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied. | 986 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays. | 15 |
| f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option. | 0 |

| Measure | Numerator (c) | Denominator (a-b-d-e-f) | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. | 8,880 | 9,165 | 95.73% | 100% | 96.89% | Did not meet target | No Slippage |

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

285

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

Of the children whose IEPs were not developed by their 3rd birthday, 43.75% had their IEP developed within 30 days, 38.89% had their IEP developed between 31–90 days, and 17.36% had their IEPs developed greater than 90 days. The reasons for the delays were primarily attributed to staffing issues, administrative delays, weather emergencies, and scheduling problems. As confirmed through analysis of data reports, all children did have an IEP developed and implemented, although beyond their third birthday.

In FFY 2023, 14 PSEI programs had at least 1 late IEP. Of the 14, 6 PSEI programs had less than 3 late IEPs. One PSEI program accounted for 29.17% of the IEPs completed past the child's third birthday and one additional PSEI program accounted for 21.88% of late IEPs.

**Attach PDF table (optional)**

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

State database that includes data for the entire reporting year

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

BEISFS used a state database that includes data for the entire reporting year from all PSEI programs. Pennsylvania collected data for this indicator through a statewide data collection based on actual number of days, not an average number of days, for the period of July 1, 2023, through June 30, 2024.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| 14 | 14 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

To verify that PSEI programs with identified instances of noncompliance were correctly implementing the regulatory requirements for the provision of an IEP by the child's third birthday, BEISFS Advisors reviewed a sample of IEP data from identified PSEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that the PSEI program was now correctly implementing the regulatory requirements for an IEP by the child's third birthday.

In addition, PSEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors. Implementation of the QEP was validated within one year of issuance of the report on findings. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all PSEI programs with identified noncompliance in FFY 2022 were correctly implementing regulatory requirements related to the provision of an IEP by the child's third birthday, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received an IEP after transitioning from the Part C program, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

# 12 - Prior FFY Required Actions

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

**Response to actions required in FFY 2022 SPP/APR**

The Required Actions have been addressed in the appropriate sections provided above for this purpose.

# 12 - OSEP Response

# 12 - Required Actions

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

# Indicator 13: Secondary Transition

## Instructions and Measurement

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

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

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

Targets must be 100%.

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

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

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

## 13 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2009 | 76.10% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 80.18% | 81.11% | 80.53% | 84.99% | 86.96% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 100% | 100% | 100% |

**FFY 2023 SPP/APR Data**

| Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition | Number of youth with IEPs aged 16 and above | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 1,193 | 1,391 | 86.96% | 100% | 85.77% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

For FFY 2023, compliance of 95% or greater was observed for seven of the eight required transition items for this indicator, and over 92% for the remaining item. While compliance on individual items is high, the requirement for this indicator is compliance on every item for each student record examined. With this requirement in mind, performance on each of the eight transition items was examined from year to year to determine whether there were certain requirements that would explain the decrease in compliance on this indicator. Compliance increased for four items, showed no appreciable difference on two others and declined for two items. One of the two items where there was a decline in performance (evidence that the measurable postsecondary goal(s) were based on age-appropriate transition assessments) showed a marked change of -3.6%, and alone was responsible for the slippage observed for this Indicator.

Data across the state were also examined to determine whether the slippage was systemic or occurred in LEAs with common characteristics. LEAs were separated by geography, and while improvement was observed in the western area of the state and was virtually the same in the eastern area of the state, slippage was found to have occurred in the central part of the state, declining by nearly 9%. The data were further disaggregated by type of LEA (school districts and charter schools). The results indicated that compliance by school districts declined 1.3% and compliance for charter schools increased 9.4%.

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

State monitoring

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

BSE collects data for this indicator from LEAs participating in cyclical monitoring, with approximately one-sixth of the state's LEAs engaged in monitoring each year. The Pennsylvania State Data Center selects a representative sample of students for file reviews, using parameters established by the BSE. Secondary transition probes within the BSE's monitoring documents are aligned with the NTACT:C Indicator 13 Checklist, and are scored in accordance with strictest guidelines. To meet requirements (and thus be reported at 100% for this indicator), a file must have 100% compliance for all probes. An LEA that does not achieve 100% compliance is issued findings of noncompliance, and required corrective action is tracked by BSE.

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

**If no, please explain**

Pennsylvania has opted to report data consistent with the federal requirement of reporting on students who have reached age 16 and older. This allows the application of this statistic consistently across time and provides the ability to track trends related to federal compliance with this Indicator.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| 144 | 144 | 0 | 0 |

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

In FFY 2022, there were 144 findings of noncompliance through the cyclical monitoring process. BSE explored a root cause analysis with the LEAs involved for the noncompliance of the regulation that had been violated. LEAs were subsequently required to develop a Corrective Action Verification Plan (CAVP) to address the noncompliance and its root cause. The CAVP is also linked to technical assistance resources through the PaTTAN and IU systems. Advisors also examined LEAs' policies, procedures, and practices, and where necessary, the LEAs were required to address the correction of policies, procedures, and practices in their CAVP to ensure systemic correction. CAVPs included required corrective action/evidence of change, timelines and resources required, and tracking of timelines to closure. The BSE monitored implementation of the CAVP through reviews of revised policies and procedures and verification of 100% correction of noncompliance as evidenced by updated data in a subsequent sample of additional

student files. The CAVP was monitored until all corrective action was completed. All corrective action was required to be completed within one year of the notification of a finding. Because the system is web-based, BSE was able to track progress in closing the CAVP and captured real-time data concerning the LEAs' statuses in completing corrective action.

BSE has follow-up procedures in place to verify correction of noncompliance. In addition to systemic correction of noncompliance, the BSE reviewed the files of all students whose IEPs were found to be in noncompliance with Indicator 13 transition requirements in monitoring, and reviewed those students' updated IEPs until all noncompliance was corrected. The BSE ensured correction of noncompliance systemically and specifically for every individual student whose IEP had noncompliance, unless the student was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01.

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

In accordance with OSEP QA 23-01, the BSE's procedures required systemic correction of policies, procedures, and practices, as well as verification of correction through file reviews. Updated data must demonstrate 100% compliance with regulatory requirements prior to closure of corrective action. Based upon the root cause analyses in the LEAs involved, the BSE required student-specific corrective action for each of the 144 citations of noncompliance where corrective action could be implemented. This was done through the Individual Corrective Action Plan (ICAP) component of the overall CAVP web-based system. In the ICAP, the BSE reviewed updated data for each student whose file included a finding of noncompliance to ensure correction (unless the student is no longer within the jurisdiction of the LEA); additionally, BSE reviewed a new sample of student files to verify compliance of this requirement.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

# 13 - Prior FFY Required Actions

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

**Response to actions required in FFY 2022 SPP/APR**

These Required Actions have been addressed in the appropriate sections provided above for this purpose.

# 13 - OSEP Response

# 13 - Required Actions

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

# Indicator 14: Post-School Outcomes

## Instructions and Measurement

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

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

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

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

### Data Source

State selected data source.

### Measurement

A. Percent enrolled in higher education = [(# 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.

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.

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.

### Instructions

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

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

### I. *Definitions*

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

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

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

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

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

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

### II. *Data Reporting*

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

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

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

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

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

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

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

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

### III. *Reporting on the Measures/Indicators*
Targets must be established for measures A, B, and C.

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

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

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

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

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

## 14 - Indicator Data

**Historical Data**

| Measure | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------|----------|-----|------|------|------|------|------|
| A | 2023 | Target >= | 27.80% | 28.50% | 29.33% | 29.33% | 29.33% |
| A | 12.08% | Data | 27.55% | 30.92% | 27.65% | 23.91% | 24.30% |
| B | 2023 | Target >= | 62.00% | 65.00% | 70.71% | 70.71% | 70.71% |
| B | 47.94% | Data | 71.66% | 71.33% | 66.45% | 71.87% | 69.19% |
| C | 2023 | Target >= | 70.90% | 72.00% | 76.23% | 76.23% | 76.23% |
| C | 64.34% | Data | 77.58% | 75.78% | 71.33% | 76.09% | 74.48% |

**FFY 2021 Targets**

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target A >= | | 13.08% | 14.08% |
| Target B >= | | 49.94% | 51.94% |
| Target C >= | | 67.84% | 71.34% |

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where the descriptions for School Age Programs (Bureau of Special Education) reside.

In addition, BSE sought additional input from stakeholders for this Indicator. A change in the data collection process required baseline to be established as the FFY 2023 year. In December 2024, BSE staff facilitated input on target setting for FFY 2024 and FFY 2025. The three measures and measurement methodology were reviewed with the panel along with considerations for setting targets. For each measure (14A, 14B, 14C), the previously established targets and data trends for 2020, 2021, 2022 were presented and discussed with the panel. Changes in performance from FFY2019 to FFY2020, FFY2020 to FFY2021, FFY2021 to FFY2022, and average gain were presented, and clarifying questions from panel members were entertained and answered.

SEAP was offered two target options for consideration. Presented were methods for calculating interim annual targets and terminal targets. SEAP members were also invited to suggest other options of target(s) that would demonstrate improvement over baseline, to propose a method(s) for calculating interim annual targets, and to suggest a terminal target(s) and the panel did so for two of the three measures for this Indicator.

The targets provided above for FFY 2024 and FFY 2025 reflect the panel's recommendations.

**FFY 2023 SPP/APR Data**

| | |
|---|---|
| Total number of targeted youth in the sample or census | 4,696 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 2,103 |
| Response Rate | 44.78% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school | 254 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school | 792 |
| 3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed) | 85 |
| 4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed). | 222 |

| Measure | Number of respondent youth | Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| A. Enrolled in higher education (1) | 254 | 2,103 | 24.30% | | 12.08% | N/A | N/A |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 1,046 | 2,103 | 69.19% | | 49.74% | N/A | N/A |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4) | 1,353 | 2,103 | 74.48% | | 64.34% | N/A | N/A |

**Please select the reporting option your State is using:**

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

**Response Rate**

| FFY | 2022 | 2023 |
|---|---|---|
| Response Rate | 49.31% | 44.78% |

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

To determine the representativeness of the respondent group, comparisons were made to the target population for all disability, racial/ethnic and exit categories, and gender. Each of the 23 comparisons made fell within a state-established ± 5.0% tolerance level. In fact, 17 comparisons were less than ± 1.0%, and only one comparison was above ± 2.0%.

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

Although the response rate was lower this year, surveys were returned for nearly 45% of the targeted group of student leavers. No disability categories or racial/ethnic groups were overrepresented or underrepresented in the respondent group. This was also true for variables of exit reason and gender.

**The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)**
YES
**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

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

There were no groups that were underrepresented in this year's overall respondent group.

In the FFY 2022 report, Pennsylvania described a new data collection system for both exiting and post-school outcome surveys for this Indicator. It was piloted with a small group of LEAs in FFY 2022, revised, and implemented with all LEAs in FFY 2023.

Contact information collected from the revised exit survey process for this new system was used to send notifications to leavers by text message or email message one year after exiting. These messages asked the former students to follow a link to electronically complete a post-school outcome survey. Multiple notifications were sent, and if no response was received, LEAs were required to make three attempts to contact with the student leavers or their families to obtain the data needed to complete the survey.

While this redesign was expected to increase response rates, while at the same time reducing the level of effort required at the LEA level, this did not occur. In examining the process, it was decided that too much time was allowed to elapse before LEAs were asked to make contact with their former students. As a result, the implementation schedule for the FFY 2024 data collection will be adjusted to allow for earlier contact between LEAs and their former students. The expectation is that this schedule adjustment will allow a higher number of former students to be reached and able to provide post school outcome data, thus increasing the response rate for the survey.

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

Nonresponse bias occurs when a subgroup that is underrepresented in response data also differs from other subgroups in the outcome of interest.

The response data were found to be representative of the demographics of the targeted group across disability, racial/ethnic and exit categories, and gender. Although nonresponse bias analysis isn't needed, BSE did analyze data across these key subgroups using the nonresponse bias analysis application developed by the IDEA Data Center. The analyses demonstrated natural variances in the data and a lack of nonresponse bias with regard to these particular subgroups.

Throughout the data collection window, the new data collection system allows for monitoring of responses by student leavers at both the state level and by LEAs in each year's sample. Armed with this information, the state can prompt LEAs with higher nonresponse rates to begin personal contact with student leavers to encourage them to either reply to the electronic notifications and complete the post-school outcome survey, or to participate in telephone interviews to collect the data needed for this Indicator. LEAs are encouraged to monitor their progress throughout the data collection window. The adjustment to the implementation schedule described earlier is expected to maintain the representativeness of the respondent group and increase the overall response rate of the survey.

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

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

The sampling plan for this indicator was approved by OSEP in Pennsylvania's FFY 2005 SPP and is continued for this submission. The present cohort consists of the same set of LEAs on the same schedule as was devised in the original submission. The sampling plan also includes all LEAs that have been established since the original approval. This group of LEAs provides a representative sample of leavers based on LEA size, whether the LEAs are urban, suburban or rural, disability category, race/ethnicity and gender. Additional details about this plan were requested by OSEP on 4 January, 2023,

and the response to this request was provided on 23 January, 2023. OSEP's evaluation of the sampling plan indicated that it is approvable.

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

**Provide additional information about this indicator (optional)**


## 14 - Prior FFY Required Actions

None


## 14 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 23, and OSEP accepts that revision.

The State revised its targets for FFY 2024 and FFY 2025 for this indicator, and OSEP accepts those targets.


## 14 - Required Actions

## Indicator 15: Resolution Sessions

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

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

### 15 - Indicator Data

Select yes to use target ranges

Target Range is used

**Prepopulated Data**

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/13/2024 | 3.1 Number of resolution sessions | 704 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/13/2024 | 3.1(a) Number resolution sessions resolved through settlement agreements | 173 |

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

NO

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where these descriptions reside.

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2012 | 27.38% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target >= | 24.00% - 35.00% | 28.00%-38.00% | 25.00%-35.00% | 25.00%-35.00% | 25.00%-35.00% |
| Data | 35.06% | 33.38% | 39.21% | 35.22% | 14.29% |

**Targets**

| FFY | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
|---|---|---|---|---|---|---|
| Target >= | 25.00% | 35.00% | 25.00% | 35.00% | 25.00% | 35.00% |

| 3.1(a) Number resolutions sessions resolved through settlement agreements | 3.1 Number of resolutions sessions | FFY 2022 Data | FFY 2023 Target (low) | FFY 2023 Target (high) | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 173 | 704 | 14.29% | 25.00% | 35.00% | 24.57% | Did not meet target | No Slippage |

**Provide additional information about this indicator (optional)**


## 15 - Prior FFY Required Actions

None

## 15 - OSEP Response


## 15 - Required Actions

# Indicator 16: Mediation

## Instructions and Measurement

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

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

## 16 - Indicator Data

**Select yes to use target ranges**

Target Range is used

**Prepopulated Data**

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1 Mediations held | 204 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.a.i Mediations agreements related to due process complaints | 8 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.b.i Mediations agreements not related to due process complaints | 149 |

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

NO

**Targets: Description of Stakeholder Input**

Please refer to the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction where these descriptions reside.

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 79.30% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target >= | 75.00% - 85.00% | 79.50%-89.50% | 75.00%-85.00% | 75.00%-85.00% | 75.00%-85.00% |
| Data | 76.58% | 74.53% | 66.96% | 71.35% | 68.85% |

**Targets**

| FFY | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
|---|---|---|---|---|---|---|
| Target >= | 75.00% | 85.00% | 75.00% | 85.00% | 75.00% | 85.00% |

**FFY 2023 SPP/APR Data**

| 2.1.a.i Mediation agreements related to due process complaints | 2.1.b.i Mediation agreements not related to due process complaints | 2.1 Number of mediations held | FFY 2022 Data | FFY 2023 Target (low) | FFY 2023 Target (high) | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| 8 | 149 | 204 | 68.85% | 75.00% | 85.00% | 76.96% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

## 16 - Prior FFY Required Actions

None

## 16 - OSEP Response

## 16 - Required Actions

**Indicator 17: State Systemic Improvement Plan**

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

**Overview of the Three Phases of the SSIP**

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

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

*Phase II: Plan* (which, is in addition to the Phase I content (including any updates)) outlined above):
- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

*Phase III: Implementation and Evaluation* (which, is in addition to the Phase I and Phase II content (including any updates)) outlined above):
- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

*Phase III: Implementation and Evaluation*

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

A.  Data Analysis

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

B.   Phase III Implementation, Analysis and Evaluation

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

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

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

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

C.  Stakeholder Engagement

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

Additional Implementation Activities

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

# 17 - Indicator Data

## Section A: Data Analysis

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

Pennsylvania's SiMR focuses on increasing graduation rates of students with disabilities (SWD). PA's FFY 2020 through FFY 2025 SSIP is a scaled-up implementation and expansion of its previous SSIP. This report overviews the third full year of implementation of activities/outcomes for the learning sites during the 2023-24 school year (FFY 2023). The implementation plan follows the National Dropout Prevention Center for Students with Disabilities (NDPC-SD's) five-phase Intervention Framework, as outlined below.

- Phase 1: focus on capacity building for Theory of Action adoption; Evidence Based Practices (EBPs) implementation and establishment of Early Warning System (EWS);

- Phase 2: build on data and infrastructure analysis, Coherent Improvement Strategy (CIS) adoption, and evaluation planning;

- Phase 3: focus on progress toward short-term and long-term objectives for the SSIP and the SiMR;

- Phase 4: continue implementation monitoring, fidelity measurement, and sustainability planning; and

- Phase 5: focus on site's independent implementation, sustainability and scale-up of the comprehensive model.

The report for FFY 2023 reflects work in Phase 3 of this framework.

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

NO

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

YES

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

The subset population was identified in FFY 2020. The Bureau of Special Education (BSE) assigned LEAs to tiers of support based on analysis of 618 graduation data to identify the learning site cohort for a state-wide scale-up of the SSIP.

- Tier 1 LEAs were identified to receive universal supports to improve and/or sustain graduation outcomes. All LEAs across the Commonwealth receive universal supports. They participate in PD and TA focused on best practices provided by PaTTAN via webinars, conferences, resource sharing, and peer-to-peer networking in general.

- Tier 2 LEAs were identified to receive targeted supports by way of comprehensive SSIP model implementation. SSIP learning sites were selected based on low graduation rates (10% below the state graduation rate for two consecutive years), geographic location (rural, suburban, or urban), LEA type (school district or charter schools), type of charter school (brick and mortar or cyber) and participation in other statewide improvement efforts. Fifteen LEAs met these criteria and were selected for SSIP implementation. The performance by these 15 LEAs is what is described in this report.

- Tier 3 LEAs did not meet Tier 1 or Tier 2 criteria because they are identified as a Comprehensive Support Improvement (CSI) school under the state's ESSA Consolidated State Plan and are already receiving intensive support through PA's System for LEA and School Improvement. Although these schools are not part of the current SSIP cohort, the PaTTAN SSIP Lead Consultant and the BSE SSIP team collaborate with the Special Assistant to the Secretary for Federally Designated Schools to coordinate support specific to improving graduation rates for SWD.

This report details Year 3 activities and outcomes for the 15 Tier 2 learning sites during the 2023-24 school year (FFY 2023). In total, the FFY 2023 implementation cohort includes 9,265 students with IEPs in grades 9-12 across the eastern, central, and western regions of the state.

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

NO

## Please provide a link to the current theory of action.

https://www.pattan.net/getmedia/728a0d63-f527-4b9b-a8fc-d23b8efa9de5/SSIP-Theory-of-Action_3-30-22b

## Progress toward the SiMR

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

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

NO

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2022 | 70.53% |

**Targets**

| FFY | Current Relationship | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Target | Data must be greater than or equal to the target | 71.78% | 73.03% | 74.28% |

**FFY 2023 SPP/APR Data**

| Number Graduated with a Regular High School Diploma | Number Eligible to Graduate | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 1,474 | 2,009 | 70.53% | 71.78% | 73.37% | Met target | No Slippage |

**Provide the data source for the FFY 2023 data.**

The data are the same data used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS009.

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

The section 618 data are collected for the 15 learning sites participating in the current SSIP and aggregated to obtain the graduation rate for students with disabilities for the group as a whole.

**Optional: Has the State collected additional data** *(i.e., benchmark, CQI, survey)* **that demonstrates progress toward the SiMR? (yes/no)**
YES
**Describe any additional data collected by the State to assess progress toward the SiMR.**

Progress toward the SiMR was assessed both qualitatively and quantitatively during the 2023-24 school year (FFY 2023).

The qualitative data include documentation of continued Phase 1 and Phase 2 activities and newly implemented Phase 3 activities at the 15 SSIP Learning Sites. Each source of qualitative data is described below.

Continued Phase 1 Activities:

Capacity Building for Theory of Action Adoption and Implementation
 • PaTTAN consultants facilitated repeat trainings on SSIP model implementation and the Theory of Action for new administrators and new team members at learning sites that experienced turnover or changes.
 • All learning sites convened local leadership team meetings at least monthly with key administrators, special education personnel, general education personnel, and student data personnel to review SSIP implementation efforts and student graduation trajectory data.
 • PaTTAN consultants continued to provide direct, ongoing implementation support, professional development, and technical assistance at all sites.

Use of an Early Warning System (EWS)
 • All learning sites continued to implement an EWS to track and analyze student Attendance, Behavior, and Course performance (ABC) data for students with disabilities.

Building of Data and Infrastructure Analysis
 • All sites continued to integrate their chosen EWS with the SSIP online data collection platform to streamline alerts, analyses, and action planning for students identified as off-track and on-track for graduation.
 • Student-level EWS and ABC data were collected and inputted for quarterly analyses and risk factor identification throughout the 2023-24 school year.

Teaming, Data-Based-Decision-Making, and Action Planning
       • Site-level data were analyzed to determine the influence of the model on students' graduation trajectories.
       • Student-level EWS and ABC data were collected quarterly by teams at each learning site for analyses and risk factor identification.
       • Teams developed and executed Action Plans in response to data to inform adoption and implementation of Coherent Improvement Strategies (CIS) rooted in Evidence Based Practices (EBPs) known to positively influence high school completion.


Continued Phase 2 Activities

Adoption and Implementation of Coherent Improvement Strategies Grounded in Evidence Based Practices
       • In accordance with Action Plans, all sites collected quarterly student-level EWS and ABC data to capture risk factors impacting students' paths to graduation.
       • Teams analyzed EWS and ABC data to plan interventions for students "off track" for graduation using at least one CIS grounded in EBPs based on each student's areas of need.
       • Teachers implemented the chosen CIS with the goal of positively influencing student ABC data to help students move to "on track" for graduation status.


Evaluation Planning
       • Leadership Team members at each learning site completed a "SSIP Implementation Survey" documenting both established and evolving components of the model to better understand the factors influencing implementation and outcomes.
       • Action Plans for each learning site were reviewed to track implementation of SSIP model components to ensure faithful model implementation.
       • All team protocols were reviewed to document CIS implementation for students "off track" and inform fidelity measurement.


Newly Implemented Phase 3 Activities

Progress Toward Short-term and Long-term Objectives
       • Short-term objective: SSIP model implementation will reduce the number of students "off track" for graduation due to risk factors known to negatively impact the likelihood of school completion, as measured by changes in EWS and ABC data at all sites.
       • SSIP long-term outcome: SSIP model implementation will contribute to increased graduation rates of students with disabilities as measured by changes in exiting data for all sites.

Fidelity Measurement
       • Teams at all sites measured fidelity of implementation of the required EWS with embedded Family Engagement CIS and use of Culturally Responsive Practices (CRPs), as well as at least one additional CIS. (Fidelity data are discussed later in Section B of the report.)


The quantitative data included within-year and cross-year student risk outcomes for the third full year of SSIP implementation throughout FFY 2023. Each source of quantitative data is detailed below.

Within-Year Outcomes

Across the learning sites, 66% of the students with disabilities were identified by the EWS at the beginning of the 2023-24 school year as "on track" for graduation, and 34% were identified as "off track". After data-based decision making and CIS implementation of the SSIP model throughout the year, "off track" percentages dropped to 24%, whereas "on track" increased to 76%. Site-to-site comparisons showed that 11 of the 15 learning sites successfully reduced the proportion of students "off-track" for graduation and successfully increased the proportion of students "on-track". All 15 sites saw decreases in the prevalence and type of risk factors known to negatively impact graduation outcomes (i.e., ABC data). The number of students exhibiting multiple risk factors decreased by 68%. Grade level breakdown show positive rates of change, with 31% more 9th graders identified as "on-track" for graduation by the end of the year, 27% more students in grade 10; 19% more students in grade 11; and 14% more 12th graders also showing progress.

Cross-Year Outcomes (Three-Year Trends)

Before SSIP implementation in Fall 2021, 69% of students with disabilities at the 15 learning sites were identified as "on track" for graduation. After 3 years, that proportion increased to 76%, a 7% change. Similarly, the number of students "off track" for graduation decreased by 7%, dropping from 31% (Year 1) to 24% (Year 3).
Twenty-one percent of the 9th-10th grade students identified as "off track" for graduation before SSIP implementation in Fall 2021 achieved "on track" status in Spring 2024 after three years of implementation. Highest change rates were evident for 9th graders, 41% of whom moved from "off track" to "on track" by the end of their 12th grade year. These data suggest positive impact of early risk identification through the SSIP for changing students' paths to graduation. Moreover, analysis of risk factor trends shows a 60% decrease in the number of risk factors exhibited by students across three years of SSIP implementation. Three-year trends suggest students initially at risk due to low attendance experienced the highest rates of positive change, while students at risk due to behavioral problems experienced the lowest rates of change.

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


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

**Section B: Implementation, Analysis and Evaluation**

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

  https://www.pattan.net/getmedia/f26ecfe6-063d-4bbe-a70c-4a601f4084b5/FFY-2023-PA-Part-B-Indicator-17-Evaluation-Plan

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

YES

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

No substantive changes to the evaluation plan have been made, only updates to 2023-2024 dates, timelines, and associated activities where appropriate (e.g., 2023-24 calendar dates were added to Table 2; 2023-24 fidelity measurement activities updated to Table 4).

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

The timeline detailed in the plan is updated annually to reflect each year's activities.


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

SSIP implementation of infrastructure strategies to support achievement of the SiMR include: 1) use of EWS metrics and teaming protocols; 2) alignment of LEA compliance monitoring improvement plans for graduation and dropout rates with SSIP Action Plans, and 3) alignment of State Professional Development Grant (SPDG) and SSIP to offer intensive/ongoing PD to increase graduation rates and enhance college/career readiness.


1) To Support Use of EWS Metrics and Teaming Protocols

 • PaTTAN consultants continued to provide intensive on-site and virtual support to learning sites to include:

  • ensuring sites met the goals of implementing an EWS to collect ABC data for students with IEPs;

  • facilitating continued use of the SSIP online data management system;

  • consulting with local leadership teams in the use of data-based decision-making team meeting protocols;

  • reviewing Action Plans for CIS selection and intervention in response to student data;

  • facilitating collection of fidelity of implementation data for SSIP model components and CIS aligned with EBPs; and

  • providing PD and resources on CIS including EBPs (see https://www.pattan.net/CMSPages/GetAmazonFile.aspx?path=~\pattan\media\materials\publications\files\ssip-coherent-improvement-blkt-3-23-wbl_2.pdf&hash=99265a719c0adc20c6662e4fb2cc84241b2c791c56e3f3b6042b4a32d2224c59&ext=.pdf ) .


2) To Support Alignment of School Improvement Plans for Graduation and Dropout Rates with SSIP Action Plans

 • PaTTAN consultants provided guidance to learning sites by:

  • reviewing data and action items related to Comprehensive School Improvement (CSI), Additional Targeted School Improvement (ATSI) or Targeted School Improvement (TSI) plans at SSIP leadership team meetings to assure coordinated implementation efforts; and

  • adding CSI, ATSI and TSI focused prompts to SSIP Action Plan templates and data meeting protocols to embed improvement planning discussions into standard model implementation and assure continuity of implementation goals/activities/outcomes.


3) To Support Alignment of the SPDG with SSIP

 • PaTTAN consultants continued to:

  • offer intensive/ongoing PD to increase graduation and college/career readiness,

  • collaborate with LEAs, stakeholders, and experts, including SPDG partners Success for PA Early Learners (SPEL), to identify and connect parallel intervention components occurring in both the SPDG and SSIP such as using EBPs, family engagement strategies, MTSS for literacy/ELA, transition supports, and Check & Connect to assure learners at-risk for school failure are identified as early as possible and supported continuously throughout their school lives to positively impact long term achievements trajectories and outcomes;

  • align parallel efforts between the SPGD and SSIP, which although are focused on different age/grade-levels (i.e., early childhood vs. high school), both establish the importance of early identification of risk factors known to negatively impact school success;

  • analyze achievement, implementation, and outcome data, with multiple data teams and stakeholders including the Bureau of Special Education (BSE), PDE internal stakeholders (bureaus, offices, divisions, and initiatives). SSIP Core Team, Special Education Advisory Panel (SEAP), learning site leadership teams, PaTTAN consultants, the community outreach program Hispanos Unidos para Ninos Exceptionales (HUNE), and the external evaluator;

• collect and analyze student achievement data early and often to engage in data-based-decision-making, then action plan and implement interventions to impact growth whether in Pre-Kindergarten for the SPDG or in 9th grade for the SSIP;

• analyze Phase 1 through 3 EWS data and ABC data and identified those students with disabilities off-track for graduation;

• review the CISs and connected EBPs (see Theory of Action) to inform action planning and evaluation; and

• embed Family Engagement strategies and Culturally Responsive Practices (CPRs) into action planning templates and meeting protocols as part of standardized model implementation at all sites.

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

Pennsylvania's SSIP centered on providing professional development (PD) and technical assistance (TA) as part of a systems framework. The short-term and intermediate outcomes for PD and TA for the three infrastructure improvement strategies described in the previous section are detailed below. Each has contributed to a) SiMR achievement by increasing graduation rates of students with disabilities through early detection of student risk followed by timely intervention delivery and contributed to b) positive systems change by strengthening teaming, data-based decision-making, and implementation of evidenced-based practices

Infrastructure Improvement Strategy 1: Use of EWS Metrics and Teaming Protocols

a) Impacts SiMR achievement by establishing a schoolwide framework for detecting risk patterns in student attendance, behavior, and course performance (ABC) to inform teaming between teachers and other school personnel to make expedient intervention decisions to help students graduate.

b) Supports systems change by providing scaffolded PD and TA across each Phase of SSIP implementation to build capacity for sustainability.

Short Term Outcomes

All 15 SSIP learning sites participated in the following PD provided by PaTTAN consultants:
• SSIP model and Theory of Action;
• online data management platform for SSIP data entry, action planning, teaming, tracking, and reporting;
• SSIP Model and EWS implementation;
• Action Plan protocols and process;
• fidelity of implementation data collection protocols and process; and
• student-level EWS and ABC data analyses, data-based-decision-making, and data team meeting protocol.

As a result of this PD, all 15 learning sites leadership teams continued to:
• implement the SSIP model at their school;
• implement the Action Plan process and aligned it to the Theory of Action;
• implement the required EWS to collect and analyze student level ABC data on the online data management platform;
• use data to inform strategic interventions and supports for students off-track; and
• record all teaming activities and data-based decision making using a data team meeting protocol.

Intermediate Outcomes

All 15 SSIP learning sites received TA to:
• identify, adopt, and implement at least one CIS in addition to the EWS in response to student-level data;
• use EWS data to select a CIS(s) rooted in EBP; and
• execute data collection for fidelity of implementation of each element of the SSIP Model including EWS metrics, teaming process and protocols, and CIS implementation.

As a result of this TA, all 15 learning sites:
• implemented the EWS and more than one CIS in response to individual student data trends; and
• completed fidelity data collection for each element of the SSIP Model including EWS metrics, teaming process and protocols, and CIS implementation.

Infrastructure Improvement Strategy 2: Alignment of School Improvement Plans for Graduation and Dropout Rates with SSIP Action Plans

a) Impacts SiMR achievement by focusing school improvement and SSIP efforts, personnel, and resources on the same goal of increasing graduation and decreasing dropout.

b) Supports systems change by integrating school improvement planning and SSIP action planning protocols and procedures which results in coordinated efforts rather than competing ones.

Short Term Outcomes

15/15 SSIP learning sites identified for school support under ESSA participated in the following TA provided by PaTTAN consultants:
      • connecting school improvement planning with SSIP action planning and teaming protocols.

As a result of this TA, learning sites:
      • Aligned SSIP action planning with School Improvement plans to guide comprehensive support.


Infrastructure Improvement Strategy 3: To Support Alignment of the SPDG with SSIP

      a) Intended to impact future SiMR achievement because research shows that decreasing literacy failure in early grades for young children, increases their school success over time and improves the likelihood they will graduate high school.

      b) Supports systems change by linking early intervention efforts at the early childhood level (PreK) with early risk identification efforts at the high school level (9th grade) to create a support framework for students with disabilities across their school careers.


Short Term Outcomes

Although the current SPDG focuses on early childhood populations and early literacy outcomes and the SSIP focuses on high school populations and graduation outcomes, research is clear that early literacy skills strongly correlate with eventual school completion. The two initiatives align through corroborative implementation activities and model components including:
      • use of an EWS to identify students at risk due for school failure (e.g. early in Pre-Kindergarten for the SPDG and early in 9th grade for the SSIP);
      • adoption of EBPs and intervention strategies within MTSS for literacy, ELA, and Behavior such as Check & Connect and Enhanced Core Reading Instruction;
      • increasing family engagement to positively student belonging and improve attendance, behavior, and academic performance;
      • teaming to identify at-risk learners early then deliver continuous support to positively impact long term achievements trajectories and outcomes; and
      • ongoing PD and TA to personnel at implementation sites.


**Did the State implement any _new_ (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**
NO
**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Next steps and anticipated outcomes for each infrastructure improvement strategy include:

Use of EWS Metrics and Teaming Protocols
      • continued PD and TA to all learning sites in SSIP model implementation components including the required EWS, teaming process, and protocols, in preparation for upcoming fidelity measurements and evaluation of model implementation success;
      • continued PD and TA to all learning sites in fidelity measurement and monitoring; and
      • continued direct support from PaTTAN consultants to help sites move toward independent implementation and sustainability over time


Alignment of School Improvement Plans for Graduation and Dropout Rates with SSIP Action Plans
      • continued PD and TA focused on aligning school improvement planning with SSIP Action Planning and team decision making; and
      • continued PD and TA on collaboration and communication strategies across CSI teams and SSIP teams to work together


Support Alignment of the SPDG with SSIP
      • continued engagement with stakeholders to improve two-way communication; and
      • continued alignment with SPDG (SPEL) grant by seeking additional collaboration to enhance/leverage corroborative elements of each model providing needed PreK-12 supports resulting in long term school success for SWD.


Implementation survey response data revealed that 100% of learning sites experienced personnel changes and 80% of sites had staff "new" to the SSIP model, process, strategies, etc. Therefore, PD and TA on each infrastructure improvement strategy and SSIP model implementation process/components is ongoing.


**List the selected evidence-based practices implement in the reporting period:**

Aligned with the Theory of Action, Pennsylvania selected seven CISs rooted in EBPs known to positively impact school completion and reduce dropout rates of students with disabilities. Each are described below with examples of interventions adopted and delivered at SSIP learning sites in response to student-level data The current phase of the SSIP required sites to implement an Early Warning System and add at least one additional CIS in response to student-level data. As designed in Iteration 1 of the SSIP, Family Engagement CIS and Culturally Responsive Practices CIS continued to be embedded into Action Plan protocols in alignment with the National Network of Partnership Schools at John Hopkins University's recommendations for building successful school-family-community partnerships.

1. Early Warning System: Implementation of an Early Warning System (EWS) utilizing data systems to identify, inform, monitor, and increase the number of students with disabilities that graduate from high school

2. Multi-Tiered System of Supports Academic: Implementation of Multi-Tiered System of Supports (MTSS) with increasingly intensive evidence-based methodologies toward improved academic outcomes

3. Multi-Tiered System of Supports Behavior: Implementation of Multi-Tiered System of Support (MTSS) with increasingly intensive evidence-based methodologies toward improved social, emotional and behavioral outcomes

4. Attendance Strategies and Alternative Programming: Implementation of attendance strategies and alternative programming to increase the likelihood of graduation

5. Culturally Responsive Practices (CRPs): Implementation of instructional practices and interactions that personalize the learning environment for students of various ethnicities, races, and linguistic levels

6. Family Engagement: Implementation of programs and practices to cultivate family and community partnerships and empower them to become more meaningfully involved

7. Secondary Transition: Implementation of rigorous and relevant instruction to better engage students in learning, and provide the skills needed to graduate and have positive post school outcomes

**Provide a summary of each evidence-based practice.**

At this phase of implementation (Phase 3), SSIP learning sites were required to continue utilization of the EWS established in Phase 1 and continued implementation of at least one additional CIS based on quarterly student attendance, behavior, and course performance (ABC) data. To align with best practices in data-based decision making, each site had autonomy in deciding what EBP (or combination of EBPs) to implement for the selected additional CIS to ensure interventions were student-centered and data-driven. Since the SSIP is developed as model implementation and not as controlled research design, leadership teams have flexibility in combining or changing CISs/EBPs based on student outcomes as long as they adhere to model requirements. Family Engagement CIS and Culturally Responsive Practices CIS continued to be embedded into Action Plan protocols in alignment with the National Network of Partnership Schools at John Hopkins University's recommendations for building successful school-family-community partnerships.

Year 3 Action Plan and Implementation Survey data indicate that all 15 SSIP sites met the Phase 3 requirements. In fact, 14 sites implemented multiple CISs in combination beyond those required.

• All 15 sites implemented the required EWS plus at least one additional CIS

• 1 site implemented only the required EWS plus the one additional CIS
    • EWS + Secondary Transition (school-to-work programs in food services)

• 7 sites implemented the EWS plus two additional CISs
    • EWS + Attendance Strategies and Alternative Programming (credit recovery programs and Check & Connect) + MTSS Academic (Actively Learn)
    • EWS + MTSS Academic (Sonday reading program) + MTSS Behavior (School Wide Positive Behavior Intervention Support (SWPBIS))
    • EWS + Attendance Strategies and Alternative Programming (designated specific support staff roles focused on improving attendance and engagement) + MTSS Academic (Universal Design for Learning (UDL))
    • EWS + Attendance Strategies and Alternative Programming (credit recovery programs) + MTSS Behavior (student mentoring initiatives)
    • EWS + Attendance Strategies and Alternative Programming (credit recovery programs, summer extension programs; 1:1 communication/advising) + MTSS Academic (tutoring programs)
    • EWS + Secondary Transition (partnerships with the Office for Vocational Rehabilitation (OVR)) + Attendance Strategies and Alternative Programming (graduation recovery mentoring)
    • EWS + Secondary Transition (transition surveys; transition support programs; community partnerships) + MTSS Behavior (SWPBIS)

• 6 sites implemented the EWS plus three additional CISs
    • EWS + Secondary Transition (APR Grant) + Attendance Strategies and Alternative Programming (Resilience, Empowerment, and Natural Supports for Education and Work (RENEW)) + MTSS Academic (tutoring programs)
    • EWS + Secondary Transition (post-secondary enrollment options) + Attendance Strategies and Alternative Programming (RENEW) + MTSS Behavior (Big Brothers Big Sisters)
    • EWS + Attendance Strategies and Alternative Programming (Safe Organized Accountable Respectful (SOAR)) + MTSS Academic (alternative schedules; 1:1 support; tutoring) + MTSS Behavior (Check & Connect)
    • EWS + Attendance Strategies and Alternative Programming (Everfi Pathways) + MTSS Academic (local university Upward Bound program) + MTSS Behavior (Can Do U - Social Emotional Learning curriculum)
    • EWS + Secondary Transition (transition surveys) + MTSS Academic (Star Reading/Math Interventions; EdInsight; IXL; Step Up to Writing) + MTSS Behavior (Check & Connect)
    • EWS + Attendance Strategies and Alternative Programming (RENEW) + MTSS Academic (Reading Plus) MTSS Behavior (SWPBIS)

• 1 site implemented the EWS plus four additional CISs
    • EWS + Attendance Strategies and Alternative Programming (Canary Flight) + MTSS Academic () MTSS Behavior (Check & Connect; trauma-informed supports) + Secondary Transition (simulated independent living environments)

**Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child /outcomes.**

The seven CISs were selected by the BSE for Iteration 1 of the SSIP and for continued implementation in this iteration based on multiple stakeholder input and activities including collaboration with LEAs statewide, national technical assistance centers, SEAP, and leading education experts/researchers. Each is a research- and evidenced-based high leverage strategy known to address root causes for low performance and to build capacity to achieve the SIMR for students with disabilities. An expanse of literature shows that each positively impacts student achievement and instructional practice. (See: https://www.pattan.net/CMSPages/GetAmazonFile.aspx?path=~\pattan\media\materials\publications\files\ssip-coherent-improvement-blkt-3-23-wbl_2.pdf&hash=99265a719c0adc20c6662e4fb2cc84241b2c791c56e3f3b6042b4a32d2224c59&ext=.pdf) .

In Year 3 of implementation, learning sites were required to continue implementation of the EWS plus one additional strategy of their choice based on student data. Permitting learning sites to select data-driven CISs resulted in several different combinations of EBP implementation, confounding the ability to measure or report the effectiveness of any one of them in isolation. End-of-year outcome data did suggest, however, that sites using standard protocol intervention programs had 8-10% more students reduce risk factors, and 11-15% more students move from "off track" to "on track" status, than sites who used self-designed or informal interventions. Sustained use of an EWS made measurable positive impact on both student achievement and instructional practice in the prior SSIP iteration; therefore, positive results are anticipated in the current iteration.

As reported in previous sections of this report, all SSIP sites implemented the EWS as designed as well as successfully implemented at least one additional CIS.  The outcome data and achievement trends detailed throughout this report suggest a positive impact on the SiMR, district and teacher practices; family involvement (i.e. engagement) and student outcomes.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

Year 3 was the first year of fidelity monitoring in the phased model of SSIP implementation. PaTTAN consultants facilitated the data collection process with leadership teams. Leadership teams conducted fidelity measurements for the EWS, Culturally Responsive Practices CIS, Family Engagement Strategies CIS, as well as whatever additional data-driven CIS(s) were implemented based on student ABC outcomes.

Evaluation Plan fidelity criteria require that: At least 90% of learning sites will score at least 80% on designated fidelity of implementation measurement tools for the EWS and additional CISs.

- • All learning sites scored 80% or higher on the EWS fidelity instrument (Scores ranged from 93%-100%);

- • All learning sites scored 80% or higher on the fidelity instrument for Culturally Responsive Practices. (Scores ranged from 80%-100%.);

- • All learning sites scored 80% or higher on the Family Engagement fidelity instrument. (Scores ranged from 87%-100%);

- • 90% of learning sites implementing Attendance and Alternative Programming scored between 77%-100% on adopted fidelity measures. (Scores of 77% indicated strategy elements were only "partially" implemented in some instances. In those cases, team members reflected on current practices and articulated next steps for improvement.);

- • 90% of learning sites implementing Secondary Transition scored between 75%-100% on adopted fidelity measures. (Scores of 75% indicated strategy elements were only "partially" implemented in some instances. In those cases, team members reflected on current practices and articulated next steps for improvement.);

- • 1 learning site analyzed their implementation of School Wide Positive Behavior Support using the Tier 1 Benchmarks of Quality scale. (Subscale scores ranged from 75%-100%); and

- • 1 learning site implementing the MTSS Behavior program Check & Connect scored 77% on standard protocol instrument; whereas all other sites implementing that program scored 92%-97%.

Fidelity data at all sites were used to inform PD, TA, and action planning for the next year of implementation (Year 4/Phase 4).

TA for fidelity monitoring, engagement in model implementation evaluation and fidelity measurement of CISs, analysis of results, and monitoring will continue during Year 4 and beyond.

**Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

At this phase of implementation, learning sites were required to continue use of an EWS plus one additional CIS grounded in EBP. All sites met or exceeded those requirements. The data trends summarized in Section A, suggest the EWS and CIS are favorably impacting student ABC performance and effectively reducing risk factors. Data collection and analyses are ongoing as implementation moves into Phase 4 where activities are conducted to continue implementation monitoring, fidelity measurement, and sustainability planning.

**Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.**

Next steps include continued implementation of the EWS, with embedded Family Engagement CIS and use of Culturally Responsive Practices, as well as continued implementation of at least one CIS grounded in EBP. Specific CIS/EBP selections will be determined by local leadership teams after analyzing EWS and ABC data to plan for interventions in response to changes in student risk factors and performance. Strategy selection will be data-driven and dynamic based on student needs and progress. Therefore, sites will retain autonomy to implement whatever CIS (or combination of CISs) meets student needs to provide robust layers of intervention throughout the school year. Based on within the year outcomes and cross-year outcomes described earlier, similar trends are anticipated. Additional outcome and impact data for CIS selection, EBP implementation, and fidelity will be discussed in upcoming submissions.

PaTTAN consultants will gradually scale back direct support to team members and learning sites to build toward independent implementation and sustainability of practice.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**
YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

Implementation of the model is progressing as planned, and sites have met the implementation requirements for Phases 1, 2, and 3. Outcome data described in Section A indicate that the model is positively influencing graduation trajectories and reducing student risk. Implementation Survey responses from SSIP site leadership team members suggest strong belief in the model and adequate understanding of model components. Eighty-two percent of respondents said they believe that the SSIP will improve graduation rates of their students with disabilities, 85% responded that the teaming process of the SSIP has been beneficial professionally, 87% responded that the EWS, ABC data analysis, and CIS implementation has benefitted students.

No substantive changes to the SSIP model implementation will occur and the BSE intends to continue implementation as designed.

**Section C: Stakeholder Engagement**
**Description of Stakeholder Input**

In addition to the stakeholder input described in the Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, and Soliciting Public Input sections of the Introduction, a visual representation of PA's SSIP stakeholder involvement process can be found at:

https://www.pattan.net/CMSPages/GetAmazonFile.aspx?path=~\pattan\media\materials\misc\pa-voice-of-stakeholders_visual-rep_1.pdf&hash=59879a5a04babd0beaf7615166b0ac0e867a11546a43d1f81538be629aaa2f12 .

SSIP state-level stakeholder efforts continued to build capacity and make connections with Local Educational Agencies (LEAs), families, students, and other agencies by:
   • Semi-annual meetings at the state level continued with stakeholders from different bureaus invested in the SiMR, including English Learners, Migrant, Refugee, Corrections, and Title I.
   • Cross-departmental and cross-initiative networking occurred at the annual PDE Collaboration conference.
   • SPDG and SSIP team member collaboration at the annual PDE Collaboration conference and via frequent emails/consultative conversations, as needed.
   • Strategic updates to/revisions of the SSIP webpage to enhance usability and ease of navigation.

Continued SSIP external stakeholder efforts represented perspectives of SSIP learning sites, multiple organizations, families, and/or outside networks through:
   • Attendance/participation of SSIP Core Team members in regularly scheduled Special Education Advisory Panel (SEAP) meetings.
   • Frequent communication and collaboration with HUNE (in person visit, consistent contact via email, increased communication frequency as needed).
   • Monthly team meetings with SSIP Leadership Teams at each learning site with more frequent communication/consultation as needed virtually and/or in person.
   • Multiple relationship-building and input-seeking activities with teachers and administrators at each learning site (three Administrators Professional Community webinar sessions, end-of year Implementation Survey)
   • Various family engagement initiatives at the learning sites as part of Action Plan implementation of Family Engagement CIS

SSIP Internal Stakeholder groups across the PDE, bureaus, offices, divisions, and initiatives provided input via:
   • Monthly in-person/virtual meetings of state-wide SSIP PaTTAN consultants from each region.
   • PaTTAN consultants collaborate with BSE advisors through Cyclical Monitoring to create a Corrective Action Verification Plan (CAVP) to support any LEA schools not meeting Indicators 1 (Graduation) and/or 2 (Dropout Rate).
   • Periodic emails, calls, and/or meetings when information or expertise are needed

Elaboration on specific stakeholder engagement strategies and activities is detailed in the next section.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Learning Sites

Stakeholders at all learning sites, including families, youth, and practitioners, engaged in activities focused on Phases 1, 2 and 3 of SSIP implementation including meetings and forums, using both in-person and virtual modes. Feedback from local leadership teams and PaTTAN consultants were particularly valuable in refining and enhancing the model for continued implementation.

Advisory Groups

The BSE continued collaboration with formal advisory groups through regular meetings with SEAP, and semi-annual meetings with the PDE Collaborative Work Group to examine SSIP evaluation questions and outcomes. The BSE also continued collaboration with national OSEP-funded partners, including NCSI, NTACT:C, and IDC. BSE uses multiple resources recommended by NCSI, including the Leading by Convening: A Blueprint for Authentic Engagement publication. PaTTAN consultants and BSE staff continued to participate in monthly virtual meetings with the IDC SSIP Data Quality Peer Group to address key topics related to SSIP implementation, sustainability, and scale-up plans, including data collection and stakeholder input. These collaborations will continue throughout the next two years of SSIP implementation.

There is a continuous focus on building capacity of families to support improved outcomes for students with disabilities. PaTTAN has an active family engagement initiative that promotes equitable partnerships among schools, families, and communities to advance student achievement. An extensive collection of resources designed to increase capacity of diverse groups of parents, including information specific to the SSIP, is available at https://www.pattan.net/publications/caps-how-can-families-support-students-to-graduate .

Conferences

The BSE and PaTTAN incorporate information about the SPP/APR, including implementation activities and performance on targets, at the state's major annual conferences, including the OSEP Leadership Conference, the PDE Conference, Community of Practice Transition Conference, Multi-Tiered System of Support and Positive Behavior Support Implementers Forum, the High Expectations for Low Incidence Disabilities Conference, and the Autism Conference. Individual parents and groups representing parents are integral participants in all these conferences. The BSE actively collaborates with SEAP on the SPP/APR, including the SSIP.

HUNE

The continued partnership with HUNE to serve Hispanic students with disabilities and their families included the development of multiple publications, video resources and toolkits in English and Spanish, plus community outreach projects integrating academics, social emotional learning, and service to under-resourced areas. Sites used the "Are You On-Track for Graduation? Check your A-B-C's" checklist for students, the "Educator Toolkit", and "Family Toolkit". Sites also used "The ABCs of Equity" to affirm racial, cultural, and linguistic identities to foster positive outcomes for underserved students. Stakeholders and families continue to access the "Insightful Classroom Tips and Strategies Amplified by Student Voices" resource, which offers practical tips and strategies for educators, incorporating valuable input from students, HUNE also offers a family engagement publication disseminating essential information about connecting families and programs. Stakeholders, including SEAP, families, and SWDs informed the development and review of each of these materials. HUNE posts all SSIP-related resources on their websites in both English and Spanish. New this year, HUNE launched a workshop series titled "Coping Skills, Mental Health, Meditation, and Healthy Relationships" open to youth, families, and community members. HUNE also hosted a full day of bilingual (English/Spanish) breakout sessions at the Community of Practice Transition Conference. These featured experts from the PDE, BSE, Office of Vocational Rehabilitation, Office of Developmental Programs, and Office of Long-Term Living—presenting together for the first time in Pennsylvania history.

Surveys

Sixty-eight teachers and administrators across learning sites completed an "SSIP Implementation Survey" to provide internal stakeholder input to inform current and future implementation activities. Respondents represented stakeholders across leadership, teachers, special education, and general education.

Overall, work with SEAP, HUNE, and other stakeholder groups continues. Enhanced communication and opportunities for collaboration are planned for 2024 and beyond. Opportunities for receiving feedback on improvement strategies and evaluating progress are being incorporated into major BSE-sponsored conferences. Stakeholder input informs resource revisions, BSE newsletters, and ongoing dissemination efforts on all SPP/APR initiative, including the SSIP.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**
NO

**Additional Implementation Activities**
**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

Not applicable

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

Not applicable

**Describe any newly identified barriers and include steps to address these barriers.**

Although successful, implementation of the SSIP in the four cyber school continues to be challenging. Cyber school students make up over 66% of the SSIP population. Performance changes for a population of this size can have a disproportionate effect on SSIP data outcomes and trends. Instructional models and methodology are widely variable across each site, including levels of intervention, intensity, and duration. Movement of students across educational settings or courses of study makes systematic tracking of students difficult. Students transfer in and out of different cyber schools and to and from brick-and-mortar schools at an unusually high rate. Moreover, the unique course structures and grading frameworks for these sites makes ABC data difficult to capture. Students have broad flexibility in the type and number of academic courses and elective courses in which they enroll during a school year, quarter, or semester. Finally, behavioral data cannot be measured, tracked, and analyzed in the same fashion as during in-person instruction in brick-and-mortar schools. Over time, these factors may impact EWS implementation, CIS delivery, and ultimately graduation trajectories for students with disabilities. Not surprisingly, Year 3 data show that consistency is key—cyber school students with disabilities who enroll and "stay" rather than move "in and out" have fewer risk factors and are more likely than their peers to graduate. BSE continues to solicit ideas and support targeting cyber school interventions to surmount these barriers and provide support.

**Provide additional information about this indicator (optional).**


Additional Qualitative Data Related to the Action Planning Process and Protocols

- all 15 learning sites completed Action Plans for FFY 2023;

- all 15 learning sites documented implementation of an EWS, leadership teaming, and data-based decision-making based on EWS alerts and ABC data;

- qualitative review of Action Plan narratives, team meeting protocols, and consultant meeting notes indicated that all sites experienced some level of staff turnover or change throughout the year impacting SSIP implementation;

- 73% of responses mentioned the need or potential benefit for additional staff, time, and/or resources to effectively implement the SSIP model;

- all 15 learning sites noted at least one challenge of implementation related to high attrition rates in leadership or faculty, as well as staff and teacher shortages; and

- team meeting protocols for all sites indicated that building-level and LEA leaders, special education teachers, and general education teachers collaboratively engaged in the process, participated in meetings, contributed to decisions, and shared leadership roles.


Conference Presentations Related to SSIP Model Implementation, EBP/CIS Implementation, and Outcomes

State Level
- Autism Conference
- Pennsylvania MTSS and PBIS Implementers Forum
- PDE Conference
- Pennsylvania Special Education Leadership Academy
- Safe and Supportive Learning Environment Summit
- Secondary Transition Conference

National
- Council of Administrators of Special Education (CASE) Conference
- OSEP Leadership and Project Director's Conference
- 33rd Annual National Dropout Prevention Center Conference

SSIP-Focused Content Embedded into PaTTAN PD Offerings
- SSIP Administrators Professional Community (online): Fall, Winter, Spring
- Principals Understanding how to Lead Special Education (PULSE)- Fall and Winter

Internal SSIP Newsletter - The Analysis
- Bimonthly publication for SSIP learning sites providing updates about implementation and outcomes, resources on CIS and related EBP, upcoming PD opportunities, information about HUNE and other partners, and resources for stakeholder engagement (conferences, data collection dates, common themes across sites, etc.).


# 17 - Prior FFY Required Actions

None

# 17 - OSEP Response


# 17 - Required Actions

## Indicator 18: General Supervision

## Instructions and Measurement

**Monitoring Priority:** General Supervision

**Compliance indicator:** This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

### Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

### Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

    a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)

    b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

*States are required to complete the General Supervision Data Table within the online reporting tool.*

### Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

## 18 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2023 | 93.94% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 100% | 100% | 100% |

**Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 6 | 0 | 6 | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).**

Not applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

The BSE conducted onsite reviews as described above, and determined that seven LEAs had policies, procedures, or practices that contributed to the significant discrepancy and did not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and/or procedural safeguards. Therefore, the BSE informed the LEAs of the regulation that is being violated (linked to state and federal regulation) and directed the LEAs to complete corrective action through a Corrective Action Verification Plan (CAVP). The BSE monitored implementation of corrective action through interviews with administrative personnel, analysis of updated suspension data, and student file reviews. During the review to verify correction of noncompliance, the BSE looked for evidence that teachers and administrators:

1. understand the regulations, including definitions and data reporting related to suspending students with IEPs;
2. know wat data must be reported to PDE/OSEP, and the implications of inaccurate data collection/reporting;
3. ensure data accuracy, look for patterns and trends, and report data in a timely manner;
4. review special education discipline data reports before submission;
5. develop a range of disciplinary options to suspensions;
6. implement strategies that keep students actively engaged in instruction;
7. utilize evidence-based classroom management strategies;
8. supervise students in non-classroom settings;
9. advance EBPs, including family-school partnerships, as part of a system of positive behavioral support for all students; and
10. disaggregate, analyze, and use academic and behavior data to identify appropriate intervening strategies for students at risk.

Each LEA was required to revise policies, procedures, and/or practices to bring them into compliance. This was verified by BSE during a follow-up comprehensive review where all sources of noncompliance were found to be corrected to 100% compliance. Lastly, the BSE verified that all corrective action of noncompliance in these seven LEAs was completed within timelines, but no later than one year after notification of noncompliance.

In accordance with OSEP QA 23-01, the BSE's procedures verified systemic correction of policies, procedures, and practices, as well as verification of correction through file reviews for each individual case within the seven LEAs identified. Updated data demonstrated 100% compliance with regulatory requirements prior to closure of corrective action. The BSE also verified student-specific corrective action for all citations of noncompliance where corrective action was implemented. This was done through the ICAP component of the overall CAVP web-based system. In the ICAP, the BSE reviewed updated data for each student whose file included a finding of noncompliance to ensure correction, unless the student was no longer within the jurisdiction of the LEA. Additionally, the BSE reviewed a new sample of student files to verify systemic compliance.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

BSE has verified, through a review of the database and on-site reviews of student files, that the six LEAs with noncompliance reported in its FFY 2022 APR has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-1, dated July 24, 2023.

**Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**
**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|

| | requirements), if applicable | later than one year from identification) | later than one year from identification) | |
|---|---|---|---|---|
| | 0 | | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).**

Not applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

Not applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

Not applicable

**Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| | 0 | | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).**

Not applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

Not applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

Not applicable

**Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 64 | 3 | 50 | 3 | 14 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).**

While the 3 programs in column B showed noncompliance related to additional IDEA related requirements, the noncompliance did not impact their ability to meet requirements for Indicator 11, timely initial evaluations.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

To verify that PSEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of timely initial evaluations, BEISFS Advisors reviewed a sample of initial evaluation data from identified PSEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that the PSEI program was now correctly implementing the regulatory requirements for timely initial evaluations.

In addition, PSEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors. Implementation of the QEP was validated within one year of issuance of the report on findings. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all PSEI programs with identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to the timely initial evaluations, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received an initial evaluation, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

**Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 14 | 6 | 14 | 6 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).**

While the 6 programs in column B showed noncompliance related to additional IDEA related requirements, the noncompliance did not impact their ability to meet requirements for Indicator 12, preschool children exiting Part C and who have an IEP developed and implemented by their third birthday.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

To verify that PSEI programs with identified instances of noncompliance were correctly implementing the regulatory requirements for the provision of an

IEP by the child's third birthday, BEISFS Advisors reviewed a sample of IEP data from identified PSEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that the PSEI program was now correctly implementing the regulatory requirements for an IEP by the child's third birthday.

In addition, PSEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors. Implementation of the QEP was validated within one year of issuance of the report on findings. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all PSEI programs with identified noncompliance in FFY 2022 were correctly implementing regulatory requirements related to the provision of an IEP by the child's third birthday, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received an IEP after transitioning from the Part C program, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

**Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected) |
|---|---|---|---|---|
| 144 | 0 | 144 | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).**

Not applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

In accordance with OSEP QA 23-01, the BSE's procedures required systemic correction of policies, procedures, and practices, as well as verification of correction through file reviews. Updated data must demonstrate 100% compliance with regulatory requirements prior to closure of corrective action. Based upon the root cause analyses in the LEAs involved, the BSE required student-specific corrective action for each of the 144 citations of noncompliance where corrective action could be implemented. This was done through the Individual Corrective Action Plan (ICAP) component of the overall CAVP web-based system. In the ICAP, the BSE reviewed updated data for each student whose file included a finding of noncompliance to ensure correction (unless the student is no longer within the jurisdiction of the LEA); additionally, BSE reviewed a new sample of student files to verify compliance of this requirement.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

In accordance with OSEP QA 23-01, the BSE's procedures required systemic correction of policies, procedures, and practices, as well as verification of correction through file reviews. Updated data must demonstrate 100% compliance with regulatory requirements prior to closure of corrective action. Based upon the root cause analyses in the LEAs involved, the BSE required student-specific corrective action for each of the 144 citations of noncompliance where corrective action could be implemented. This was done through the Individual Corrective Action Plan (ICAP) component of the overall CAVP web-based system. In the ICAP, the BSE reviewed updated data for each student whose file included a finding of noncompliance to ensure correction (unless the student is no longer within the jurisdiction of the LEA); additionally, BSE reviewed a new sample of student files to verify compliance of this requirement.

*Optional for FFY 2023, 2024, and 2025:*

*Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).*

| Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected |
|---|---|---|
| 0 | 0 | 0 |

**Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:**

Not applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

Not applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

Not applicable

**Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 228 | 9 | 214 | 9 | 14 |

**FFY 2023 SPP/APR Data**

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified FFY 2022 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 223 | 237 | | 100% | 94.09% | N/A | N/A |

| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 5.91% |
|---|---|

**Provide additional information about this indicator (optional)**

**Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):**

| 1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023) | 237 |
|---|---|
| 2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding) | 223 |

| 3. Number of findings not verified as corrected within one year | 14 |
|---|---|

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):**

| | |
|---|---|
| 4. Number of findings of noncompliance not timely corrected | 14 |
| 5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction") | 11 |
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B | |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9 | |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10 | |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11 | |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12 | |
| 6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13 | |
| 6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings | |
| 7. Number of findings not yet verified as corrected | 3 |

**Subsequent correction:** If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Please refer to Indicator 11 where these state actions are addressed in the appropriate sections provided for this purpose.

## 18 - OSEP Response

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

## 18 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**Certification**

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier's role:**

Designated by the Chief State School Officer to certify

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.**

**Name:**

Carole Clancy

**Title:**

Director, Bureau of Special Education

**Email:**

caclancy@pa.gov

**Phone:**

7179419788

**Submitted on:**

04/23/25  6:31:28 PM

**Determination Enclosures**

**RDA Matrix**

# Pennsylvania
# 2025 Part B Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination** (1)

| Percentage (%) | Determination |
|---|---|
| 80.68% | Meets Requirements |

**Results and Compliance Overall Scoring**

| Section | Total Points Available | Points Earned | Score (%) |
|---|---|---|---|
| **Results** | 20 | 15 | 75.00% |
| **Compliance** | 22 | 19 | 86.36% |

**(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B."**

**2025 Part B Results Matrix**

**Reading Assessment Elements**

| Reading Assessment Elements | Grade | Performance (%) | Score |
|---|---|---|---|
| **Percentage of Children with Disabilities Participating in Statewide Assessment** (2) | Grade 4 | 94% | 0 |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 8 | 89% | 0 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 4 | 28% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 4 | 89% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 8 | 38% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 8 | 89% | 1 |

**Math Assessment Elements**

| Math Assessment Elements | Grade | Performance (%) | Score |
|---|---|---|---|
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 4 | 94% | 0 |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 8 | 88% | 0 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 4 | 44% | 1 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 4 | 90% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 8 | 28% | 2 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 8 | 90% | 1 |

**(2) Statewide assessments include the regular assessment and the alternate assessment.**

**Exiting Data Elements**

| Exiting Data Elements | Performance (%) | Score |
|---|---|---|
| **Percentage of Children with Disabilities who Dropped Out** | 11 | 2 |
| **Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*** | 89 | 2 |

*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

**2025 Part B Compliance Matrix**

| Part B Compliance Indicator (3) | Performance (%) | Full Correction of Findings of Noncompliance Identified in FFY 2022 (4) | Score |
|---|---|---|---|
| Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements. | 1.08% | YES | 2 |
| Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification. | 0.00% | N/A | 2 |
| Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification. | 0.00% | N/A | 2 |
| Indicator 11: Timely initial evaluation | 93.45% | NO | 1 |
| Indicator 12: IEP developed and implemented by third birthday | 96.89% | YES | 2 |
| Indicator 13: Secondary transition | 85.77% | YES | 1 |
| Indicator 18: General Supervision | 94.09% | NO | 1 |
| Timely and Accurate State-Reported Data | 100.00% | | 2 |
| Timely State Complaint Decisions | 100.00% | | 2 |
| Timely Due Process Hearing Decisions | 98.11% | | 2 |
| Longstanding Noncompliance | | | 2 |
|     Programmatic Specific Conditions | None | | |
|     Uncorrected identified noncompliance | None | | |

**(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:**
https://sites.ed.gov/idea/files/FFY2023-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf

**(4) This column reflects full correction, which is factored into the scoring only when the compliance data are >=5% and <10% for Indicators 4B, 9, and 10, and >=90% and <95% for Indicators 11, 12, 13 and 18.**

**Data Rubric**

**Pennsylvania**

**FFY 2023 APR** (1)

**Part B Timely and Accurate Data -- SPP/APR Data**

| APR Indicator | Valid and Reliable | Total |
|:---:|:---:|:---:|
| 1 | 1 | 1 |
| 2 | 1 | 1 |
| 3A | 1 | 1 |
| 3B | 1 | 1 |
| 3C | 1 | 1 |
| 3D | 1 | 1 |
| 4A | 1 | 1 |
| 4B | 1 | 1 |
| 5 | 1 | 1 |
| 6 | 1 | 1 |
| 7 | 1 | 1 |
| 8 | 1 | 1 |
| 9 | 1 | 1 |
| 10 | 1 | 1 |
| 11 | 1 | 1 |
| 12 | 1 | 1 |
| 13 | 1 | 1 |
| 14 | 1 | 1 |
| 15 | 1 | 1 |
| 16 | 1 | 1 |
| 17 | 1 | 1 |
| 18 | 1 | 1 |

**APR Score Calculation**

| | |
|:---|:---:|
| **Subtotal** | 22 |
| **Timely Submission Points** - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
| **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 27 |

**(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.**

**618 Data** (2)

| Table | Timely | Complete Data | Passed Edit Check | Total |
|---|---|---|---|---|
| Child Count/ Ed Envs Due Date: 7/31/24 | 1 | 1 | 1 | 3 |
| Personnel Due Date: 3/5/25 | 1 | 1 | 1 | 3 |
| Exiting Due Date: 3/5/25 | 1 | 1 | 1 | 3 |
| Discipline Due Date: 3/5/25 | 1 | 1 | 1 | 3 |
| State Assessment Due Date: 1/8/25 | 1 | 1 | 1 | 3 |
| Dispute Resolution Due Date: 11/13/24 | 1 | 1 | 1 | 3 |
| MOE/CEIS Due Date: 9/4/24 | 1 | 1 | 1 | 3 |

**618 Score Calculation**

| | |
|---|---|
| **Subtotal** | 21 |
| **Grand Total** (Subtotal X 1.28571429) = | 27.00 |

**(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.**

**Indicator Calculation**

| | |
|---|---|
| A. APR Grand Total | 27 |
| B. 618 Grand Total | 27.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 54.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 54.00 |
| D. Subtotal (C divided by Denominator) (3) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.**

# APR and 618 -Timely and Accurate State Reported Data

**DATE: February 2025 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part B 618 Data**

**1) Timely** –   A State will receive one point if it submits all ED*Facts* files or the entire E*MAPS* survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

| 618 Data Collection | ED*Facts* Files/ E*MAPS* Survey | Due Date |
|---|---|---|
| Part B Child Count and Educational Environments | FS002 & FS089 | 7/31/2024 |
| Part B Personnel | FS070, FS099, FS112 | 3/5/2025 |
| Part B Exiting | FS009 | 3/5/2025 |
| Part B Discipline | FS005, FS006, FS007, FS088, FS143, FS144 | 3/5/2025 |
| Part B Assessment | FS175, FS178, FS185, FS188 | 1/8/2025 |
| Part B Dispute Resolution | Part B Dispute Resolution Survey in E*MAPS* | 11/13/2024 |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | Part B MOE Reduction and CEIS Survey in E*MAPS* | 9/4/2024 |

**2) Complete Data** – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to ED*Facts* align. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

**Dispute Resolution**
**IDEA Part B**
**Pennsylvania**
**School Year: 2023-24**

**Section A: Written, Signed Complaints**

| | |
|---|---|
| **(1) Total number of written signed complaints filed.** | 253 |
| (1.1) Complaints with reports issued. | 144 |
| (1.1) (a) Reports with findings of noncompliance | 90 |
| (1.1) (b) Reports within timelines | 134 |
| (1.1) (c) Reports within extended timelines | 10 |
| (1.2) Complaints pending. | 14 |
| (1.2) (a) Complaints pending a due process hearing. | 9 |
| (1.3) Complaints withdrawn or dismissed. | 95 |

**Section B: Mediation Requests**

| | |
|---|---|
| **(2) Total number of mediation requests received through all dispute resolution processes.** | 526 |
| (2.1) Mediations held. | 204 |
| (2.1) (a) Mediations held related to due process complaints. | 10 |
| (2.1) (a) (i) Mediation agreements related to due process complaints. | 8 |
| (2.1) (b) Mediations held not related to due process complaints. | 194 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints. | 149 |
| (2.2) Mediations pending. | 67 |
| (2.3) Mediations withdrawn or not held. | 255 |

**Section C: Due Process Complaints**

| | |
|---|---|
| **(3) Total number of due process complaints filed.** | 942 |
| (3.1) Resolution meetings. | 704 |
| (3.1) (a) Written settlement agreements reached through resolution meetings. | 173 |
| (3.2) Hearings fully adjudicated. | 53 |
| (3.2) (a) Decisions within timeline (include expedited). | 8 |
| (3.2) (b) Decisions within extended timeline. | 44 |
| (3.3) Due process complaints pending. | 138 |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 751 |

**Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)**

| | |
|---|---|
| **(4) Total number of expedited due process complaints filed.** | 40 |
| (4.1) Expedited resolution meetings. | 28 |
| (4.1) (a) Expedited written settlement agreements. | 9 |
| (4.2) Expedited hearings fully adjudicated. | 8 |
| (4.2) (a) Change of placement ordered | 1 |
| (4.3) Expedited due process complaints pending. | 0 |
| (4.4) Expedited due process complaints withdrawn or dismissed. | 32 |

This report shows the most recent data that was entered by:
Pennsylvania

These data were extracted on the close date:
11/13/2024

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

https://sites.ed.gov/idea/how-the-department-made-determinations/

# UNITED STATES DEPARTMENT OF EDUCATION

## OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

**Final Determination Letter**

June 20, 2025

Honorable Carrie Rowe, Ed.D.
Acting Secretary of Education
Pennsylvania Department of Education
607 South Drive
Harrisburg, PA 17120

Dear Acting Secretary Rowe:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Pennsylvania meets the requirements and purposes of Part B of the IDEA. This determination is based on the totality of Pennsylvania's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Pennsylvania's 2025 determination is based on the data reflected in its "2025 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

(1)   a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;

(2)   a Results Matrix that includes scoring on Results Elements;

(3)   a Compliance Score and a Results Score;

(4)   an RDA Percentage based on both the Compliance Score and the Results Score; and

(5)   the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2025, as it did for Part B determinations in 2015-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Pennsylvania).

In making Part B determinations in 2025, OSEP continued to use results data related to:

(1)   the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);

(2)   the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2025 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education, and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2025 determination as it did for Puerto Rico's 2024 determination. OSEP used the publicly available NAEP data for the Bureau of Indian Education that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2025 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);

(3)   the percentage of CWD who graduated with a regular high school diploma; and

(4)   the percentage of CWD who dropped out.

For the 2025 IDEA Part B determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 18. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part B Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations.

You may access the results of OSEP's review of Pennsylvania's SPP/APR and other relevant data by accessing the E*MAPS* SPP/APR reporting tool using your Pennsylvania-specific log-on information at https://emaps.ed.gov/suite/. When you access Pennsylvania's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that Pennsylvania is required to take. The actions that Pennsylvania is required to take are in the "Required Actions" section of the indicator.

It is important for you to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

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*The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.*

121                                                                                                                        Part B

You will also find the following important documents in the Determinations Enclosures section:

(1)  Pennsylvania's RDA Matrix;

(2)  the HTDMD link;

(3)  "2025 Data Rubric Part B," which shows how OSEP calculated Pennsylvania's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

(4)  "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the Pennsylvania's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Pennsylvania's 2025 determination is Meets Requirements. A State's or Entity's 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless OSEP has imposed programmatic Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2024-25 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Pennsylvania must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in Pennsylvania on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Pennsylvania's submission of its FFY 2023 SPP/APR. In addition, Pennsylvania must:
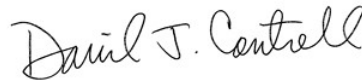
(1)  review LEA performance against targets in the State's SPP/APR;

(2)  determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;

(3)  take appropriate enforcement action; and

(4)  inform each LEA of its determination.

Further, Pennsylvania must make its SPP/APR available to the public by posting it on the SEA's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

(1)  includes Pennsylvania's determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and

(2)  will be accessible to the public via the ed.gov website.

OSEP appreciates Pennsylvania's efforts to improve results for children and youth with disabilities and looks forward to working with Pennsylvania over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: Pennsylvania Director of Special Education