

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2024**

Pennsylvania



PART B DUE February 2, 2026

**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 2024, there were approximately 1.7 million students enrolled in Pennsylvania's public schools, with 20.7% 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) also has comprehensive systems for the provision of technical assistance and professional development, as described in detail in the next sections of this report.

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 IDEA as advised in OSEP 23-01.

The BSE is committed to ensuring a FAPE for all students with disabilities in the Commonwealth through its systemic, integrated monitoring and technical assistance system. In order to ensure access and opportunity for all, the BSE has organized its system of compliance and professional development into four distinct school level implementation pillars of attract, prepare and retain, collaborative partnerships, post school outcomes, and evidence-based practices. These pillars are grounded by foundations of high and low incidence learners that ensures sustaining opportunity and engagement while educating students in the least restrictive environment. The intersections of these pillars and foundations are comprehensively measured through the indicators.

BSE's system intentionally prioritizes collaborative partnerships that engage families with schools. This is realized through the state's active preschool and school age Special Education Advisory Panel (SEAP) panel, State and Local Task Forces, dedicated Pennsylvania Training and Technical Assistance Network (PaTTAN) initiatives, and ongoing stakeholder feedback integrated in the state's data review cycle. The BSE also collaborates with The Arc of Pennsylvania and the federally funded Pennsylvania Parent Training and Information Center (PTI), the Parent Education & Advocacy Leadership Center (PEAL), and the Community Parent Resource Center (CPRC), Hispanos Unidos para Niños Excepcionales (HUNE).

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 PDE and the Department of Human Services (DHS) 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 preschool and school age SEAP. BEISFS also collaborates with the federally funded PTI (PEAL) and CPRC (HUNE). 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, and includes professional development activities focused on the Part C State Systemic Improvement Plan (SSIP).

Additional information related to data collection and reporting

School Age Programs (Bureau of Special Education)

Pennsylvania utilizes multiple data tools which work together within the data system to monitor and support the education of students with disabilities under IDEA. These data tools include Pennsylvania Information Management System (PIMS), Penn State Data Center (PSDC), Integrated Monitoring System (IMS), Future Ready Comprehensive Planning Portal (FRCPP), Financial Accounting Information (FAI) Application, eGrants, and the Future Ready Index/ESSA Report Card. The Integrated Monitoring System (IMS) is a tool used by BSE for data collection, data reporting, and monitoring. IMS provides the mechanism to identify and track correction of non-compliance. IMS also provides information necessary for BSE to review data trends for regional and statewide training and technical assistance needs.

Data from our data tools 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. These data are used for systemic planning which include identification of priority areas for oversight and the statewide training and technical assistance within the BSE and the PaTTAN system.

Number of Districts in your State/Territory during reporting year

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) dedicates significant personnel and resources to its general supervision and integrated monitoring system. This dynamic system monitors LEA's compliance and outcomes through three processes: Cyclical Monitoring, Focused Monitoring, and Targeted Monitoring.

The BSE conducts Cyclical Monitoring for Continuous Improvement (CMCI) of all local special education programs in the state. This comprehensive monitoring reviews school districts, charter schools, and cyber charter schools on a six-year cycle. Therefore, roughly one-sixth of all 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. County prisons and detention facilities, as well as other facilities where children are placed by a public entity, are also monitored on a six-year cycle. State juvenile facilities and State correctional institutions are monitored on a three-year cycle. In FFY 2024, the BSE conducted on-site Cyclical Monitoring of 90 school districts, 31 charter schools, 23 correctional facilities, and 5 private residential rehabilitation institutions, partial hospitalization programs, and residential treatment facilities.

Focused Monitoring is conducted annually for Pennsylvania's LEAs in topical areas based on data reported in Pennsylvania's State Performance Plan/Annual Performance Report (SPP/APR) and recommendations from the SEAP committee and other stakeholder groups. The SPP Indicator Focused Monitoring occurs at least once a year. The methodology for each compliance indicator monitoring is outlined within each indicator section of this report.

Targeted Monitoring is conducted to address concerns of noncompliance brought to BSE's attention through informal or formal means, such as stakeholder groups and the SEAP committee, to ensure that IDEA requirements are properly implemented.

Within 90 days of the determination of noncompliance for all monitorings, the BSE prepares and issues a written finding of noncompliance to the LEA. Noncompliance is identified on a systemic and individual student level. All corrective action required for noncompliance must be completed by the LEA and verified by the BSE as soon as possible, but in no case later than one year from the date the written finding of noncompliance is issued.

Fiscal Monitoring

The BSE's Division of Analysis and Financial Reporting is responsible for the oversight of Part B subrecipient's compliance with IDEA and all other applicable federal regulations. IDEA Part B Administrators are required to perform an annual risk assessment. This tool is part of the annual grant application process and identifies 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. Cyclical Monitoring consists of on-site monitoring of all subgrantees every three years. This method ensures that BSE monitors all subrecipients receiving IDEA Part B 611 funds within a three-year cycle.

Subrecipients of IDEA federal funds may also be selected for Fiscal Monitoring based on the annual risk assessment or other identified issues. 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. When a finding of non-compliance is issued, our system of progressive sanctions would be implemented to ensure corrective action.

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. In FY 2024, 13 ITEI programs and 7 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. The onsite includes the monitoring team completing the child record reviews and continuing to obtain evidence for the various indicators.

PSEI programs are assigned a BEISFS advisor who, as the primary contact to the PSEI, is responsible for monitoring the program's data monthly, compliance issues, complaint issues, and policy requirements. Advisors have regular contact with their PSEI programs, and the frequency is based on their determination summary. In addition, the advisor is responsible for the development and review of the Annual Quality Enhancement Plans with Addendum (QEP), cyclical verification and validation, and complaint investigations.

While one BEISFS advisor (the primary contact for the PSEI program) is the monitoring chairperson, a team of approximately 4 – 6 members participate in the monitoring. The team includes: the program's 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, multi-disciplinary evaluations, IEP meetings, 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 noncompliance.

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 (number of files based on 5% of the total child count),
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 all students whose files include one or more of the provisions (topical areas) listed below. BSE then selects a random sample consisting of:

- Assistive technology (maximum of 10 files),
- Positive Behavior Support (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 SPP/APR.

The 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.
- Indicator 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 cohort 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, in accordance with IDEA as advised in OSEP 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 and in some instances sooner than one year. 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 updated data and 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 eligible children. Targeted record samples are also selected and include:

- 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 are reviewed back one year from the date of the onsite. 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 which serves as the notification of non-compliance. To verify that PSEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements, the BEISFS advisor reviews a small 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 Addendum 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 review 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 strengthens LEAs' capacity to meet student-level data reporting requirements and provides robust decision-support tools. The Pennsylvania Information Management System (PIMS), built on open internet standards, facilitates secure data sharing across diverse, otherwise incompatible systems while ensuring rigorous safeguards for data quality and security. PIMS serves as the designated data system for SPP/APR Indicators 1, 2, 5, 9, 10, and 17. Data for Indicator 3 are collected through the Data Recognition Corporation (DRC) system. Data for Indicators 4 and 11 are collected through the PennData Special Education Reporting System. Data for Indicator 8 are collected through a contracted Leader data system. Data for Indicator 13 are collected through IMS. Data for Indicator 14 are collected through the My Plan 4 Success (MP4S) data system, a distributed architecture developed collaboratively by PaTTAN and Leader Services. Data for Indicators 15 and 16 are collected through the Office for Dispute Resolution database system.

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 compliance with IDEA, GEPA, EDGAR, and 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, monitoring 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. The PELICAN-EI system is used to collect data for Indicators 6, 7, 11, and 12. Indicators 15 and 16 are collected through the Office for Dispute Resolution database system. Indicator 8 is collected using state developed tool, Qualtrics.

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, Mutually Agreed upon Written Arrangement (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 an Annual QEP with Addendum to correct systemic and child specific noncompliance, which are approved by BEISFS. The QEP Addendum is completed after a program's monitoring report is issued. The Annual QEP with Addendum are based on findings of noncompliance from monitoring events and the determination process. The Annual QEP identifies specific programmatic outcomes and how progress will be measured. It 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. School age programs were notified of their determination in November of 2025.

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;
- State 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.
- Fiscal – Timely submission of required paperwork; 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 2025 are derived from data collected and reported in FY 2023. PSEI programs were notified of their determination in January 2025.

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, program corrections of identified noncompliance 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 an Annual 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 are documented within the Annual 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. Additional monitoring events occur at the discretion of the BEISFS if, during the monitoring cycle, there is a significant decrease in performance or if individual or systemic areas of noncompliance are identified.

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.

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), State and Local Task Forces, SEAP, The Arc of Pennsylvania, Pennsylvania Deaf-Blind Advisory Committee (PaDBAC), Pennsylvania Advisory Committee on Education of Students Who Are Blind or Visually Impaired (PACES-BVI), Educational Resources for Children with Hearing Loss (ERCHL), 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 Results-Driven Accountability (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 implements effective strategies that bridge the gap between research and practice, and that promote the professional growth and retention of special education teachers. These evidence-based efforts, which include in classroom coaching by consultants, 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 monitoring results, annual 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 the 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 the monitoring process including completing observations of service delivery, evaluations and IEP meetings, child record reviews, and assists each PSEI program in the development of their annual QEP Addendum.

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 based on the continuous data review cycle and input from Stakeholders. This system serves as the state's TA and PD systems. The PD is delivered by the BSE, PaTTAN, and IU TaCs. Training opportunities include PD and technical assistance targeted at improving student results. These include week-long summer institutes, PD series, webinars, classroom and systems level coaching, and on-site and virtual assistance. 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. 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.
- The Arc of Pennsylvania's "Include Me From the Start" is designed to promote and expand inclusive practices for students with the most significant disabilities. The 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.
- The Pennsylvania Fellowship Program 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. 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.
- 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 support 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.
- Fiscal Training and Professional Development: Annual and ongoing fiscal training and technical assistance opportunities are provided to IUs, LEAs, and stakeholders. Additionally, professional development is offered at statewide conferences, stakeholder meetings, and related events.
- Statewide Data Summit: An annual event that provides training strands on special education data and fiscal training for statewide leaders and data managers.
- State Systemic Improvement Plan (SSIP): Pennsylvania's State-identified Measurable Result(s) focuses on increasing graduation rates of students with disabilities. High quality training and technical assistance is being offered to schools and lessons learned are shared with all LEAs in the Commonwealth.
- State Personnel and Development Grant: SPEL is a collaborative initiative spanning school-age special education, Part B Section 619, and Part C Early Intervention programs to address factors that lead to improved outcomes for learners with disabilities and their families.

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. Monitoring Support - providing support to BEISFS's monitoring process to ensure high-quality EI services; participation in PSEI monitoring teams; training and technical assistance support to local programs based on monitoring needs and QEPs; and targeted intensive support to select programs at the request of BEISFS.
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 trainings; 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 (such as Coaching Corner, Portal to Practice newsletters), and collaboration with Pennsylvania's State Professional Development Grant, SPEL.
4. Policy Support - providing assistance to BEISFS in the development of policies to ensure high-quality EI services and training to local programs on EI policies in conjunction with BEISFS.

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)

BSE has a statewide network of stakeholders who provide input and feedback on the special education system in the Commonwealth. Stakeholders include LEAs, IUs, families, students with disabilities, national organizations, PA's Special Education Advisory Panel (SEAP), a Parent Training and Information Center, Community Parent Resource Centers, one State Task Force and regional Local Task Forces, and other collaborative partners.

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 February 2023, 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. Beginning in FFY 2024, BSE integrated the HELIX, National Autism, and Secondary Transition conferences into the annual Bridging Knowledge to Know-How Conference to promote collaboration and cross-initiative learning. This unified approach enhanced professional learning and expanded access to aligned resources and information for educators, families, and other stakeholders. Stakeholder sessions are intentionally held at the annual PDE conference, as well, where there is a robust representation of parents, advocates, practitioners, and providers. 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 2024, 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, SICC and parent advisory groups to review the annual APR data, including a review of historical 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 2024. 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:

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.

During FFY 2024, the BSE in collaboration with The Arc of Pennsylvania, conducted statewide stakeholder listening sessions to revitalize the Local Task Forces (LTFs) in an effort to support regional level collaboration between providers, families, and local education agencies facilitated by the local intermediate units. The LTFs were established pursuant to the PARC v. Commonwealth of Pennsylvania Consent Decree of 1974 and are designed to ensure representation across all 29 IU regions. These listening sessions were held across the Commonwealth and virtually to ensure equitable regional participation and access. Input collected during these sessions is being used to inform the redesign and implementation of LTF structures and processes, with the goal of improving meaningful family engagement and strengthening communication between families, LEAs, and the BSE. LTFs serve as continuous collaborative stakeholder groups that support advocacy for students with disabilities and provide a mechanism for elevating local concerns to the state level.

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 13 parents of students with a disability, 2 representatives from Parent Centers, and 5 individuals with a disability. During FFY 2024, SEAP members provided substantive input on SPP/APR topics, including updates on OSEP determinations, an overview of Indicators, target setting for Indicators 8 and 14, outreach activities for Indicator 8, methodology for Indicators 4A and 4B, and progress on the SSIP/Indicator 17. SEAP members' active participation in discussions and decision-making contributed to informed planning and the establishment of priorities.

Additionally, throughout FFY 2024, SEAP subcommittees met to discuss key topics related to the SPP/APR.

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

In FFY 2024, 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. As noted above, SEAP meetings held in FFY 2024 included updates on SPP/APR data, OSEP determinations, implementation of improvement strategies, and SPP/APR progress. SEAP meetings also provided opportunities for families to offer feedback that informed planning and priority setting.

Information on the SPP/APR Indicator data and targets was provided to SEAP as noted above.

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>.

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, Multi-Tiered System of Support and Positive Behavior Support Implementers Forum, and Bridging Knowledge to Know How 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. BSE is working collaboratively with HUNE for bi-lingual transition conference and other bilingual presentations.

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 2024, 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 the EI Leadership Conference held in October 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 Success for PA Early Learners (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 examined methods for improving parent survey data collection for Indicator 8 in order to increase response rates from parents of students with disabilities with stakeholder input. Strategies considered included reducing the number of survey questions, greater involvement of LEAs, and modifying the delivery method for surveys administered to sampled parents.

During FFY 2024, with ongoing and active input from SEAP, BSE determined that the Indicator 8 parent survey would be distributed to parents via a postcard containing a QR code to facilitate easier access and completion. This approach was intended to reduce barriers to participation and improve overall response rates. In collaboration with SEAP, BSE also determined the Indicator 8 annual targets.

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 2024 and included opportunities for input on the review of APR data, target setting, and improvement activities.

Throughout FFY 2024, 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 September 27, 2024, November 24, 2024, January 31, 2025.

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 2024, 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 2023 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 2023 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 2023 APR in 2025, 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 2023 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 2023 SPP/APR can be located at the following websites:

<https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/instruction/special-education/idea-idea/pa%20ffy%202023%20state%20performance%20plan%20-%20annual%20performance%20report.pdf>

and

<https://www.pattan.net/Special-Education-Forms/State-Performance-PlanAnnual-Performance-Report>

The report for FFY 2024 will appear on these pages when Pennsylvania receives its state determination in June 2026.

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 2023 APR data for each PSEI program and a link to the entire SPP/APR. The dashboard will be updated to include FFY 2024 data no later than 120 days from submission of the SPP/APR. Information can be found at:

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 2024 SPP/APR, use data from 2023-2024), 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	2019	2020	2021	2022	2023
Target >=	73.70%	85.90%	85.90%	85.90%	86.71%
Data	70.74%	89.34%	89.88%	87.84%	88.99%

Targets

FFY	2024	2025
Target >=	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 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	21,976
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	11
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	11

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	2,258

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
21,976	24,256	88.99%	87.52%	90.60%	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 2024 SPP/APR, use data from 2023-2024), 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	2019	2020	2021	2022	2023
Target <=	9.00%	12.79%	12.79%	12.79%	12.32%
Data	13.39%	10.59%	9.89%	12.00%	10.92%

Targets

FFY	2024	2025
Target <=	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 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	21,976
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	11
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	11

Source	Date	Description	Data
(EDFacts file spec FS009; Data group 85)			
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	2,258

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,258	24,256	10.92%	11.86%	9.31%	Met target	No Slippage

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

State Regulations, 22 PA Code, Chapter 11, establish Pennsylvania’s compulsory school attendance age as 6-18. 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 C.F.R. §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	2024	93.85%
Reading	B	Grade 8	2024	88.20%
Reading	C	Grade HS	2024	85.35%
Math	A	Grade 4	2024	93.89%
Math	B	Grade 8	2024	87.89%
Math	C	Grade HS	2024	85.45%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%
Math	C >=	Grade HS	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 2024 Data Disaggregation from ED Facts

Data Source:

SY 2024-25 Assessment Participation in Reading/Language Arts (ED Facts file spec FS188; Data Group: 882, 883)

Date:

01/07/2026

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	28,947	28,363	27,060
b. Children with IEPs in regular assessment with no accommodations (3)	6,733	6,428	9,131
c. Children with IEPs in regular assessment with accommodations (3)	18,063	16,470	12,080
d. Children with IEPs in alternate assessment against alternate standards	2,371	2,119	1,885

Data Source:

SY 2024-25 Assessment Participation in Mathematics (EDFacts file spec FS185; Data Group: 880, 881)

Date:

01/07/2026

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	28,955	28,348	27,046
b. Children with IEPs in regular assessment with no accommodations (3)	6,896	6,575	8,930
c. Children with IEPs in regular assessment with accommodations (3)	17,925	16,224	12,303
d. Children with IEPs in alternate assessment against alternate standards	2,365	2,117	1,878

(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 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	27,167	28,947	93.89%	95.00%	93.85%	N/A	N/A
B	Grade 8	25,017	28,363	88.55%	95.00%	88.20%	N/A	N/A
C	Grade HS	23,096	27,060	86.81%	95.00%	85.35%	N/A	N/A

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	27,186	28,955	93.91%	95.00%	93.89%	N/A	N/A
B	Grade 8	24,916	28,348	87.91%	95.00%	87.89%	N/A	N/A
C	Grade HS	23,111	27,046	86.76%	95.00%	85.45%	N/A	N/A

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>

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

Provide additional information about this indicator (optional)

BSE is establishing new baselines for Indicators 3A, 3B, 3C, and 3D using FFY 2024 data. The previous baseline data were established in 2020, and since that time, multiple changes have occurred in data sources, measurement methodology, assessment delivery, and the broader educational context.

First, in FFY 2024, the PDE Bureau of Curriculum and Assessment implemented revised attempt logic for students with disabilities participating in statewide assessments. Specifically, the criteria for inclusion in the assessment data set changed from completion of at least five test questions to completion of a minimum of one question. This modification affects both participation counts and performance calculations, thereby limiting the comparability of FFY 2024 results with data from prior years.

In addition, in response to requirements from the U.S. Department of Education, Office of Elementary and Secondary Education (OESE), Office of Special Education Programs (OSEP), to assess fewer than 1.0 percent of students using the alternate assessment aligned with alternate academic achievement standards, BSE has continued efforts to reduce alternate assessment participation. As a result, the population characteristics of students participating in both the general and alternate assessments have shifted, further impacting the comparability of assessment outcomes across years.

Pennsylvania has also completed the transition of statewide assessments to a fully online administration model. This shift represents a significant change in assessment delivery and student testing experience and further limits the comparability of assessment data collected prior to full online implementation.

Finally, the most recent baselines for Indicators 3A to 3D were established using FFY 2020 data, which coincided with significant disruption to education caused by the COVID-19 pandemic. Since that time, several major events and systemic changes have occurred that have substantially influenced student participation and performance on statewide assessments. Notably, the population of students with disabilities has increased, while the population of students without disabilities has decreased, altering the overall composition of the assessed population. These enrollment shifts, together with pandemic-related interruptions to instruction and changes in assessment delivery and participation patterns, have materially changed the educational context in which these data are interpreted.

Collectively, these methodological changes and contextual shifts render the FFY 2020 baselines no longer appropriate. Therefore, necessitating BSE to establish new baselines for Indicators 3A, 3B, 3C, and 3D using FFY 2024 data to ensure alignment with current methodologies, data sources, and educational conditions.

3A - Prior FFY Required Actions

None

3A - OSEP Response

The State has revised the baselines for this indicator, using data from FFY 2024, and OSEP accepts those revisions.

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs Against 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	2024	18.11%
Reading	B	Grade 8	2024	13.66%
Reading	C	Grade HS	2024	22.11%
Math	A	Grade 4	2024	22.68%
Math	B	Grade 8	2024	6.18%
Math	C	Grade HS	2024	10.03%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	34.76%	37.75%
Reading	B >=	Grade 8	28.03%	31.28%
Reading	C >=	Grade HS	24.24%	27.01%
Math	A >=	Grade 4	25.89%	29.04%
Math	B >=	Grade 8	18.17%	21.82%
Math	C >=	Grade HS	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 2024 Data Disaggregation from ED*Facts*

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (ED*Facts* file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

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	24,796	22,898	21,211
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	2,615	1,407	2,273
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,876	1,722	2,417

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	24,821	22,799	21,233
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	3,025	738	1,144
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	2,605	671	985

(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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	4,491	24,796	20.28%	34.76%	18.11%	N/A	N/A
B	Grade 8	3,129	22,898	15.52%	28.03%	13.66%	N/A	N/A
C	Grade HS	4,690	21,211	22.53%	24.24%	22.11%	N/A	N/A

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	5,630	24,821	21.67%	25.89%	22.68%	N/A	N/A

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B	Grade 8	1,409	22,799	5.65%	18.17%	6.18%	N/A	N/A
C	Grade HS	2,129	21,233	9.90%	32.07%	10.03%	N/A	N/A

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>

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

Provide additional information about this indicator (optional)

BSE is establishing new baselines for Indicators 3A, 3B, 3C, and 3D using FFY 2024 data. The previous baseline data were established in 2020, and since that time, multiple changes have occurred in data sources, measurement methodology, assessment delivery, and the broader educational context.

First, in FFY 2024, the PDE Bureau of Curriculum and Assessment implemented revised attempt logic for students with disabilities participating in statewide assessments. Specifically, the criteria for inclusion in the assessment data set changed from completion of at least five test questions to completion of a minimum of one question. This modification affects both participation counts and performance calculations, thereby limiting the comparability of FFY 2024 results with data from prior years.

In addition, in response to requirements from the U.S. Department of Education, Office of Elementary and Secondary Education (OESE), Office of Special Education Programs (OSEP), to assess fewer than 1.0 percent of students using the alternate assessment aligned with alternate academic achievement standards, BSE has continued efforts to reduce alternate assessment participation. As a result, the population characteristics of students participating in both the general and alternate assessments have shifted, further impacting the comparability of assessment outcomes across years.

Pennsylvania has also completed the transition of statewide assessments to a fully online administration model. This shift represents a significant change in assessment delivery and student testing experience and further limits the comparability of assessment data collected prior to full online implementation.

Finally, the most recent baselines for Indicators 3A to 3D were established using FFY 2020 data, which coincided with significant disruption to education caused by the COVID-19 pandemic. Since that time, several major events and systemic changes have occurred that have substantially influenced student participation and performance on statewide assessments. Notably, the population of students with disabilities has increased, while the population of students without disabilities has decreased, altering the overall composition of the assessed population. These enrollment shifts, together with pandemic-related interruptions to instruction and changes in assessment delivery and participation patterns, have materially changed the educational context in which these data are interpreted.

Collectively, these methodological changes and contextual shifts render the FFY 2020 baselines no longer appropriate. Therefore, necessitating BSE to establish new baselines for Indicators 3A, 3B, 3C, and 3D using FFY 2024 data to ensure alignment with current methodologies, data sources, and educational conditions.

3B - Prior FFY Required Actions

None

3B - OSEP Response

The State has revised the baselines for this indicator, using data from FFY 2024, and OSEP accepts those revisions.

3B - Required Actions

Indicator 3C: Proficiency for Children with IEPs Against 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	2024	16.79%
Reading	B	Grade 8	2024	33.70%
Reading	C	Grade HS	2024	35.17%
Math	A	Grade 4	2024	40.42%
Math	B	Grade 8	2024	7.61%
Math	C	Grade HS	2024	30.72%

Targets

Subject	Group	Group Name	2024	2025
Reading	A >=	Grade 4	28.94%	29.94%
Reading	B >=	Grade 8	34.30%	35.30%
Reading	C >=	Grade HS	38.40%	39.40%
Math	A >=	Grade 4	52.14%	53.14%
Math	B >=	Grade 8	10.96%	11.96%
Math	C >=	Grade HS	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 2024 Data Disaggregation from ED*Facts*

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (ED*Facts* file spec FS178; Data Group: 876, 877)

Date:

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	2,371	2,119	1,885
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	398	714	663

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	2,365	2,117	1,878
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	956	161	577

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	398	2,371	20.42%	28.94%	16.79%	N/A	N/A
B	Grade 8	714	2,119	33.43%	34.30%	33.70%	N/A	N/A
C	Grade HS	663	1,885	39.61%	38.40%	35.17%	N/A	N/A

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	956	2,365	41.74%	52.14%	40.42%	N/A	N/A
B	Grade 8	161	2,117	10.98%	10.96%	7.61%	N/A	N/A
C	Grade HS	577	1,878	35.01%	36.24%	30.72%	N/A	N/A

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>

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

Provide additional information about this indicator (optional)

BSE is establishing new baselines for Indicators 3A, 3B, 3C, and 3D using FFY 2024 data. The previous baseline data were established in 2020, and since that time, multiple changes have occurred in data sources, measurement methodology, assessment delivery, and the broader educational context.

First, in FFY 2024, the PDE Bureau of Curriculum and Assessment implemented revised attempt logic for students with disabilities participating in statewide assessments. Specifically, the criteria for inclusion in the assessment data set changed from completion of at least five test questions to completion of a minimum of one question. This modification affects both participation counts and performance calculations, thereby limiting the comparability of FFY 2024 results with data from prior years.

In addition, in response to requirements from the U.S. Department of Education, Office of Elementary and Secondary Education (OESE), Office of Special Education Programs (OSEP), to assess fewer than 1.0 percent of students using the alternate assessment aligned with alternate academic achievement standards, BSE has continued efforts to reduce alternate assessment participation. As a result, the population characteristics of students participating in both the general and alternate assessments have shifted, further impacting the comparability of assessment outcomes across years.

Pennsylvania has also completed the transition of statewide assessments to a fully online administration model. This shift represents a significant change in assessment delivery and student testing experience and further limits the comparability of assessment data collected prior to full online implementation.

Finally, the most recent baselines for Indicators 3A to 3D were established using FFY 2020 data, which coincided with significant disruption to education caused by the COVID-19 pandemic. Since that time, several major events and systemic changes have occurred that have substantially influenced student participation and performance on statewide assessments. Notably, the population of students with disabilities has increased, while the population of students without disabilities has decreased, altering the overall composition of the assessed population. These enrollment shifts, together with pandemic-related interruptions to instruction and changes in assessment delivery and participation patterns, have materially changed the educational context in which these data are interpreted.

Collectively, these methodological changes and contextual shifts render the FFY 2020 baselines no longer appropriate. Therefore, necessitating BSE to establish new baselines for Indicators 3A, 3B, 3C, and 3D using FFY 2024 data to ensure alignment with current methodologies, data sources, and educational conditions.

3C - Prior FFY Required Actions

None

3C - OSEP Response

The State has revised the baselines for this indicator, using data from FFY 2024, and OSEP accepts those revisions.

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against 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^o 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 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 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 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 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	2024	29.87
Reading	B	Grade 8	2024	35.22
Reading	C	Grade HS	2024	39.51
Math	A	Grade 4	2024	27.24
Math	B	Grade 8	2024	23.81
Math	C	Grade HS	2024	33.79

Targets

Subject	Group	Group Name	2024	2025
Reading	A <=	Grade 4	28.05	26.65
Reading	B <=	Grade 8	31.01	29.41
Reading	C <=	Grade HS	29.25	27.55
Math	A <=	Grade 4	18.04	17.04
Math	B <=	Grade 8	14.75	13.85
Math	C <=	Grade HS	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 2024 Data Disaggregation from ED^o Facts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (ED^o Facts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

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	116,185	119,654	122,314
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	24,796	22,898	21,211
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	48,335	54,078	66,938
d. All students in regular assessment with accommodations scored at or above proficient against grade level	7,411	4,416	8,431
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	2,615	1,407	2,273
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,876	1,722	2,417

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	117,274	120,227	123,703
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	24,821	22,799	21,233
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	52,080	34,351	47,769
d. All students in regular assessment with accommodations scored at or above proficient against grade level	6,462	1,708	6,436
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	3,025	738	1,144
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	2,605	671	985

(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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	18.11%	47.98%	30.78	28.05	29.87	N/A	N/A
B	Grade 8	13.66%	48.89%	36.25	31.01	35.22	N/A	N/A
C	Grade HS	22.11%	61.62%	40.20	29.25	39.51	N/A	N/A

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	22.68%	49.92%	26.20	18.04	27.24	N/A	N/A
B	Grade 8	6.18%	29.99%	22.37	14.75	23.81	N/A	N/A
C	Grade HS	10.03%	43.82%	31.25	35.65	33.79	N/A	N/A

Provide additional information about this indicator (optional)

BSE is establishing new baselines for Indicators 3A, 3B, 3C, and 3D using FFY 2024 data. The previous baseline data were established in 2020, and since that time, multiple changes have occurred in data sources, measurement methodology, assessment delivery, and the broader educational context.

First, in FFY 2024, the PDE Bureau of Curriculum and Assessment implemented revised attempt logic for students with disabilities participating in statewide assessments. Specifically, the criteria for inclusion in the assessment data set changed from completion of at least five test questions to completion of a minimum of one question. This modification affects both participation counts and performance calculations, thereby limiting the comparability of FFY 2024 results with data from prior years.

In addition, in response to requirements from the U.S. Department of Education, Office of Elementary and Secondary Education (OESE), Office of Special Education Programs (OSEP), to assess fewer than 1.0 percent of students using the alternate assessment aligned with alternate academic achievement standards, BSE has continued efforts to reduce alternate assessment participation. As a result, the population characteristics of students participating in both the general and alternate assessments have shifted, further impacting the comparability of assessment outcomes across years.

Pennsylvania has also completed the transition of statewide assessments to a fully online administration model. This shift represents a significant change in assessment delivery and student testing experience and further limits the comparability of assessment data collected prior to full online implementation.

Finally, the most recent baselines for Indicators 3A to 3D were established using FFY 2020 data, which coincided with significant disruption to education caused by the COVID-19 pandemic. Since that time, several major events and systemic changes have occurred that have substantially influenced student participation and performance on statewide assessments. Notably, the population of students with disabilities has increased, while the population of students without disabilities has decreased, altering the overall composition of the assessed population. These enrollment shifts, together with pandemic-related interruptions to instruction and changes in assessment delivery and participation patterns, have materially changed the educational context in which these data are interpreted.

Collectively, these methodological changes and contextual shifts render the FFY 2020 baselines no longer appropriate. Therefore, necessitating BSE to establish new baselines for Indicators 3A, 3B, 3C, and 3D using FFY 2024 data to ensure alignment with current methodologies, data sources, and educational conditions.

3D - Prior FFY Required Actions

None

3D - OSEP Response

The State has revised the baselines for this indicator, using data from FFY 2024, and OSEP accepts those revisions.

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 2024 SPP/APR, use data from 2023-2024), 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 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 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 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 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 24, 2023.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target <=	1.00%	1.82%	1.82%	1.66%	1.66%
Data	2.80%	1.04%		4.29%	6.16%

Targets

FFY	2024	2025
Target <=	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 2024 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 with out-of-school suspensions and expulsions of more than 10 days 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 with out-of-school suspensions and expulsions of more than 10 days 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.

1

Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
24	676	6.16%	1.34%	3.55%	Did not meet target	No Slippage

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 2024 using 2023-2024 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, 2025, the BSE conducted on-site reviews of all 24 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).

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 7 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 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 7 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 7 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 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

FFY 2023 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, 2025, the BSE conducted on-site reviews of all 12 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 12 LEAs with noncompliance reported in FFY 2023 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.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 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.

Response to actions required in FFY 2023 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 12 LEAs identified in FFY 2023 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 12 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 twelve 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 12 LEAs identified in FFY 2023. 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 2025 SPP/APR, on the correction of noncompliance that the State identified in FFY 2024 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 2025 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 2024 SPP/APR, use data from 2023-2024), 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 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 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 2023-2024 (which can be found in the FFY 2023 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 24, 2023.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	7.14%	7.14%		0.00%	1.08%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
20	6	653	1.08%	0%	0.92%	Did not meet target	No Slippage

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 0.46%.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 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, 2025, the BSE conducted on-site reviews of all 20 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 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/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 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 six 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 six 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 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	0	0

FFY 2023 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, 2025, the BSE conducted on-site reviews of all 22 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 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 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 seven 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.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 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.

Response to actions required in FFY 2023 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 seven LEAs identified in FFY 2023 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 seven 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 seven 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 seven LEAs identified in FFY 2023. 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 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. The State must demonstrate, in the FFY 2025 SPP/APR, that the districts identified with noncompliance in FFY 2024 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 2025 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 2024, although its FFY 2024 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 2024. 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	2019	2020	2021	2022	2023
A	2019	Target >=		61.48%	61.48%	62.36%	63.24%
A	61.48%	Data	61.48%	62.08%	61.81%	61.59%	61.65%
B	2019	Target <=		9.62%	9.62%	9.62%	9.08%
B	9.62%	Data	9.62%	9.80%	9.89%	9.99%	10.28%
C	2019	Target <=		4.81%	4.81%	4.81%	4.81%
C	4.81%	Data	4.81%	4.70%	4.43%	4.37%	4.37%

Targets

FFY	2024	2025
Target A >=	64.12%	65.00%
Target B <=	8.54%	8.00%
Target C <=	4.81%	4.00%

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 Children with Disabilities (IDEA) School Age (ED Facts file spec FS002; Data group 74)	07/30/2025	Total number of children with IEPs aged 5 (kindergarten) through 21	348,557
SY 2024-25 Children with Disabilities (IDEA) School Age	07/30/2025	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	215,162

Source	Date	Description	Data
(EDFacts file spec FS002; Data group 74)			
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	36,847
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	13,944
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	818
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	431

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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	215,162	348,557	61.65%	64.12%	61.73%	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	36,847	348,557	10.28%	8.54%	10.57%	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]	15,193	348,557	4.37%	4.81%	4.36%	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	2019	2020	2021	2022	2023
A	Target >=		46.91%	47.00%	47.00%	50.00%
A	Data	58.69%	46.91%	53.93%	57.50%	60.17%
B	Target <=		17.70%	17.50%	17.50%	17.50%
B	Data	17.53%	17.70%	18.43%	16.77%	15.69%
C	Target <=		17.08%	17.00%	17.00%	16.50%
C	Data		17.08%	12.24%	10.22%	9.49%

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	2024	2025
Target A >=	55.00%	59.00%
Target B <=	17.00%	17.00%

Inclusive Targets – 6C

FFY	2024	2025
Target C <=	16.50%	16.50%

Prepopulated Data

Data Source:

SY 2024-25 Children with Disabilities (IDEA) Early Childhood (EDFacts file spec FS089; Data group 613)

Date:

07/30/2025

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	12,388	17,465	6,468	36,321
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	6,141	11,553	4,335	22,029
b1. Number of children attending separate special education class	1,673	2,433	923	5,029
b2. Number of children attending separate school	97	121	85	303
b3. Number of children attending residential facility	1	2	0	3
c1. Number of children receiving special education and related services in the home	1,915	1,319	415	3,649

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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 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	22,029	36,321	60.17%	55.00%	60.65%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	5,335	36,321	15.69%	17.00%	14.69%	Met target	No Slippage
C. Home	3,649	36,321	9.49%	16.50%	10.05%	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	2019	2020	2021	2022	2023
A1	2020	Target >=	90.84%	84.04%	84.04%	84.04%	84.04%
A1	84.04%	Data	86.09%	84.04%	84.13%	81.82%	82.27%

A2	2020	Target >=	69.02%	65.21%	65.21%	65.21%	65.21%
A2	65.21%	Data	67.93%	65.21%	65.74%	64.66%	64.04%
B1	2020	Target >=	92.69%	85.65%	85.65%	85.65%	85.65%
B1	85.65%	Data	87.61%	85.65%	86.46%	84.06%	84.66%
B2	2020	Target >=	67.54%	62.41%	62.41%	62.41%	62.41%
B2	62.41%	Data	64.19%	62.41%	63.19%	62.26%	61.70%
C1	2020	Target >=	90.48%	83.46%	83.46%	83.46%	83.46%
C1	83.46%	Data	85.63%	83.46%	83.26%	81.41%	81.28%
C2	2020	Target >=	71.37%	66.59%	66.59%	66.59%	66.59%
C2	66.59%	Data	69.33%	66.59%	66.82%	65.57%	64.96%

Targets

FFY	2024	2025
Target A1 >=	85.00%	85.00%
Target A2 >=	66.50%	66.50%
Target B1 >=	87.00%	87.00%
Target B2 >=	63.50%	63.50%
Target C1 >=	85.00%	85.00%
Target C2 >=	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 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

19,563

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	106	0.54%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,910	14.88%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	5,297	27.08%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	5,556	28.40%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	5,694	29.11%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age	10,853	13,869	82.27%	85.00%	78.25%	Did not meet target	Slippage

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>							
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	11,250	19,563	64.04%	66.50%	57.51%	Did not meet target	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	98	0.50%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,769	14.15%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	5,882	30.07%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	7,177	36.69%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	3,637	18.59%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	13,059	15,926	84.66%	87.00%	82.00%	Did not meet target	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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	10,814	19,563	61.70%	63.50%	55.28%	Did not meet target	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	131	0.67%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,869	14.67%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	5,061	25.87%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	5,679	29.03%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	5,823	29.77%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	10,740	13,740	81.28%	85.00%	78.17%	Did not meet target	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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	11,502	19,563	64.96%	68.00%	58.79%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
A1	During FFY 2024, Pennsylvania observed slippage across all preschool Early Childhood Outcomes that coincided with a substantial shift in the disability composition of the population served, particularly an increase in children with autism spectrum disorder (ASD). Preschool enrollment of children with autism spectrum disorder (ASD) increased from 2,357 in FFY 2022 to 2,901 in FFY 2023 and 3,840 in FFY 2024, representing an overall increase of approximately 63% over the three-year period. Across all three outcomes areas positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs, the proportion of children exiting in progress category C remained relatively stable, generally ranging from 40 to 46 percent. However, increases were observed in progress category B, with corresponding decreases in progress category D, particularly among children with ASD. In outcome A, progress category B increased by 3.56% and progress category D decreased by 4.68%; in outcome B, progress category B increased by 2.24% while progress category D decreased by 4.06%; and in outcome C, progress category B increased by 3.21% while Indicator D decreased by 3.80%.
A2	During FFY 2024, Pennsylvania observed slippage across all preschool Early Childhood Outcomes that coincided with a substantial shift in the disability composition of the population served, particularly an increase in children with autism spectrum disorder (ASD). Preschool enrollment of children with autism spectrum disorder (ASD) increased from 2,357 in FFY 2022 to 2,901 in FFY 2023 and 3,840 in FFY 2024, representing an overall increase of approximately 63% over the three-year period. Across all three outcomes areas positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs, the proportion of children exiting in progress category C remained relatively stable, generally ranging from 40 to 46 percent. However, increases were observed in progress category B, with corresponding decreases in progress category D, particularly among children with ASD. In outcome A, progress category B increased by 3.56% and progress category D decreased by 4.68%; in outcome B, progress category B increased by 2.24% while progress category D decreased by 4.06%; and in outcome C, progress category B increased by 3.21% while Indicator D decreased by 3.80%.
B1	During FFY 2024, Pennsylvania observed slippage across all preschool Early Childhood Outcomes that coincided with a substantial shift in the disability composition of the population served, particularly an increase in children with autism spectrum disorder (ASD). Preschool enrollment of children with autism spectrum disorder (ASD) increased from 2,357 in FFY 2022 to 2,901 in FFY 2023 and 3,840 in FFY 2024, representing an overall increase of approximately 63% over the three-year period. Across all three outcomes areas positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs, the proportion of children exiting in progress category C remained relatively stable, generally ranging from 40 to 46 percent. However, increases were observed in progress category B, with corresponding decreases in progress category D, particularly among children with ASD. In outcome A, progress category B increased by 3.56% and progress category D decreased by 4.68%; in outcome B, progress category B increased by 2.24% while progress category D decreased by 4.06%; and in outcome C, progress category B increased by 3.21% while Indicator D decreased by 3.80%.
B2	During FFY 2024, Pennsylvania observed slippage across all preschool Early Childhood Outcomes that coincided with a substantial shift in the disability composition of the population served, particularly an increase in children with autism spectrum disorder (ASD). Preschool enrollment of children with autism spectrum disorder (ASD) increased from 2,357 in FFY 2022 to 2,901 in FFY 2023 and 3,840 in FFY 2024, representing an overall increase of approximately 63% over the three-year period. Across all three outcomes areas positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs, the proportion of children exiting in progress category C remained relatively stable, generally ranging from 40 to 46 percent. However, increases were observed in progress category B, with corresponding decreases in progress category D, particularly among children with ASD. In outcome A, progress category B increased by 3.56% and progress category D decreased by 4.68%; in outcome B, progress category B increased by 2.24% while progress category D decreased by 4.06%; and in outcome C, progress category B increased by 3.21% while Indicator D decreased by 3.80%.
C1	During FFY 2024, Pennsylvania observed slippage across all preschool Early Childhood Outcomes that coincided with a substantial shift in the disability composition of the population served, particularly an increase in children with autism spectrum disorder (ASD). Preschool enrollment of children with autism spectrum disorder (ASD) increased from 2,357 in FFY 2022 to 2,901 in FFY 2023 and 3,840 in FFY 2024, representing an overall increase of approximately 63% over the three-year period. Across all three outcomes areas positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs, the proportion of children exiting in progress category C remained relatively stable, generally ranging from 40 to 46 percent. However, increases were

Part	Reasons for slippage, if applicable
	observed in progress category B, with corresponding decreases in progress category D, particularly among children with ASD. In outcome A, progress category B increased by 3.56% and progress category D decreased by 4.68%; in outcome B, progress category B increased by 2.24% while progress category D decreased by 4.06%; and in outcome C, progress category B increased by 3.21% while Indicator D decreased by 3.80%.
C2	During FFY 2024, Pennsylvania observed slippage across all preschool Early Childhood Outcomes that coincided with a substantial shift in the disability composition of the population served, particularly an increase in children with autism spectrum disorder (ASD). Preschool enrollment of children with autism spectrum disorder (ASD) increased from 2,357 in FFY 2022 to 2,901 in FFY 2023 and 3,840 in FFY 2024, representing an overall increase of approximately 63% over the three-year period. Across all three outcomes areas positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs, the proportion of children exiting in progress category C remained relatively stable, generally ranging from 40 to 46 percent. However, increases were observed in progress category B, with corresponding decreases in progress category D, particularly among children with ASD. In outcome A, progress category B increased by 3.56% and progress category D decreased by 4.68%; in outcome B, progress category B increased by 2.24% while progress category D decreased by 4.06%; and in outcome C, progress category B increased by 3.21% while Indicator D decreased by 3.80%.

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 is responsible for the COS process. This designated member is 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/agencies/education/programs-and-services/instruction/early-learning/early-intervention/announcements/ei-12-07>.

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 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 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 in the number of survey questions 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	2019	2020	2021	2022	2023
Preschool	2008	Target >=	85.27%	89.00%	90.00%	91.00%	92.00%
Preschool	84.10%	Data	92.20%	89.70%	87.43%	87.55%	87.19%
School age	2008	Target >=	41.34%	46.37%	40.66%	47.91%	
School age	34.50%	Data	45.59%	44.04%	45.24%	40.71%	50.42%

Targets

FFY	2024	2025
Target A >=	93.00%	94.00%
Target B >=	50.76%	51.10%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
Preschool	7,895	9,050	87.19%	93.00%	87.24%	Did not meet target	No Slippage
School age	162	331	50.42%	50.76%	48.94%	Did not meet target	Slippage

Provide reasons for School Age slippage, if applicable

During FFY 2024, Pennsylvania experienced slight slippage in the percentage of school age parents reporting that schools facilitated parent involvement as a means of improving services and outcomes for children with disabilities. With advisement from the SEAP, BSE implemented several revisions to the parent survey in FFY 2023 to increase response rates. These revisions included reducing the number of survey questions, modifying survey delivery methods, and increasing survey awareness. In addition, BSE, with guidance from SEAP, established a new baseline and performance targets. FFY 2024 represents the second year of data collection using the revised survey.

Respondents completed five survey items using a six-point Likert scale ranging from 1 (Very Strongly Disagree) to 6 (Very Strongly Agree), with higher ratings reflecting more positive perceptions. SEAP established a standard for a positive response as a mean rating of 4.5 or higher across the five items. Of the 331 respondents, 162 met or exceeded this standard, resulting in an overall performance rate of 48.9 percent. Further analysis indicates that 21 percent of respondents expressed very strong agreement across all five survey items. Additionally, the mean score for each individual question remained above 4, indicating generally positive perceptions of school-facilitated parent involvement despite the slight overall decline.

Analyses suggest that the slight slippage in Indicator 8 is primarily attributable to the low response rate and year-to-year variability in survey participation. The transition to the revised survey implemented in FFY 2023, combined with the low response rate, contributed to variability in the reported results.

Moving forward, BSE will continue to collaborate with SEAP to increase survey response rates and to identify areas for improvement. With guidance from SEAP, BSE will also develop and deliver technical assistance and professional development for LEAs focused on strengthening meaningful family engagement practices, improving communication with parents, and enhancing schools' capacity to actively involve families in decision-making to improve outcomes for children with disabilities.

Additionally, during FFY 2024, the BSE, in collaboration with The Arc of Pennsylvania, conducted statewide stakeholder listening sessions to revitalize Local Task Forces (LTFs). These efforts aim to support regional-level collaboration among providers, families, and local education agencies, facilitated

by local intermediate units, and to develop local resource centers and a statewide resource map to strengthen family support and engagement practices across the Commonwealth.

The number of parents to whom the surveys were distributed.

55,167

Percentage of respondent parents

17.00%

Response Rate

FFY	2023	2024
Response Rate	17.01%	17.00%

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 16,567 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, 15 of the 19 comparisons are within the state-established range. Parents of Black or African American students and students with a specific learning disability were under-represented in the respondent group for the current year. While parents of White students and students with Autism were over- represented in the respondent group.

Table 8.1

Race/Ethnicity of School Age Students Represented by Parent Respondents

Race/Ethnicity	Total Respondent Group (%)	Children Receiving Special Education Services (%)
American Indian/Alaska Native	<1.0%	<1.0%
Asian	<1.0%	2.1%
Black or African American	9.1%	17.3%
Hispanic	16.0%	16.3%
Multiracial	5.1%	6.3%
Native Hawaiian/Other Pacific Islander	<1.0%	<1.0%
White	68.6%	57.7%

Table 8.2

Disability Category of School Age Students Represented by Parent Respondents

Race/Ethnicity	Total Respondent Group (%)	Children Receiving Special Education Services (%)
Autism	26.6%	15.1%
Deaf-Blindness	<1.0%	<1.0%
Emotional Disturbance	7.6%	7.7%
Hearing Impairment Including Deafness	<1.0%	<1.0%
Intellectual Disability (Mental Retardation)	6.3%	6.0%
Multiple Disabilities	<1.0%	<1.0%
Orthopedic Impairment	<1.0%	<1.0%
Other Health Impairment	16.6%	18.5%

Specific Learning Disability.....	29.0%	36.7%
Speech or Language Impairment.....	11.8%	13.7%
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 special education services was outside the state-established range.

In the FFY 2024 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, 3 disability categories were over-represented when compared to the population of children receiving special education services, and 1 disability category was under-represented in the responses. Families of children with Autism were over-represented by 11.44%, families of children with Speech and Language Impairment were over-represented by 5.84%, and families of children with Multiple Disabilities were over-represented by 5.08%. Families of children with Developmental Delay were under-represented by 29.93%. A total of 8.01% 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 Respondent Group (%)	Children Receiving Special Education Services (%)
American Indian/Alaska Native	<1.0%	<1.0%
Asian	3.78%	2.99%
Black or African American	14.13%	17.72%
Hispanic	20.49%	16.96%
Multiracial	8.99%	10.95%
Native Hawaiian/Other Pacific Islander	<1.0%	<1.0%
White	52.23%	51.09%

Table 8.4

Disability Category of School Age Students Represented by Parent Respondents

Race/Ethnicity.....	Total Respondent Group (%)	Children Receiving Special Education Services (%)
Autism.....	29.85%	18.41%
Deaf-Blindness.....	<1.0%	<1.0%
Developmental Delay.....	12.74%	42.67%
Emotional Disturbance.....	<1.0%	<1.0%
Hearing Impairment Including Deafness.....	<1.0%	<1.0%
Intellectual Disability (Mental Retardation)...	<1.0%	<1.0%
Multiple Disabilities.....	5.82%	0.74%
Orthopedic Impairment.....	<1.0%	<1.0%
Other Health Impairment.....	1.23%	2.09%
Specific Learning Disability.....	<1.0%	<1.0%
Speech or Language Impairment.....	40.10%	34.26%
Traumatic Brain Injury.....	<1.0%	<1.0%
Visual Impairment including Blindness.....	<1.0%	<1.0%
Unknown/I'm not sure.....	8.04%	<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)

Based on ongoing and extensive input from the state's Special Education Advisory Panel (SEAP), the school age program is considering several strategies to improve both the representativeness of the students whose parents respond to the Indicator 8 survey and the overall response rate in future years.

First, the school age program through stakeholder advisement is considering strategies to increase survey response rates by strengthening the role of sampled LEAs in promoting survey participation. These strategies may include encouraging LEAs to share reminders and communication materials with families, providing clear messaging templates that safeguard respondent confidentiality, and offering guidance on integrating survey awareness into existing family-school communication channels, such as newsletters and parent portals.

Second, the school age program with advisement from stakeholder groups is exploring ways to expand outreach and strengthen family engagement related to Indicator 8. This work includes collaborating with PaTTAN consultants; Hispanos Unidos para Niños Excepcionales (HUNE), Pennsylvania's Community Parent Resource Center (CPRC); Parent Education & Advocacy Leadership Center (PEAL), Pennsylvania's Parent Training and Information Center (PTI); The Arc of Pennsylvania; and other parent organizations to broaden the distribution of survey information, training partners to assist LEAs in communicating the purpose and value of the survey, leveraging existing family-engagement events and conferences to increase awareness, and drawing on consultant expertise to ensure that outreach efforts are culturally responsive and accessible to diverse communities.

In collaboration with SEAP and parent organizations, the school age program will refine and implement these strategies in the next reporting year to support ongoing improvement in both the representativeness of survey participants and the overall response rate.

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 will continue to routinely provide local PSEI programs with data about their population served, specifically including disability categories. Data accuracy will be discussed as part of data sharing. Annually, during the Family Survey Kick-Off webinar reminders to update disability categories will be included.

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)

To increase survey response rates, particularly among Black or African American students and students with a specific learning disability, the school-age program, with advisement from SEAP, is considering targeted strategies to encourage participation among these underrepresented groups. Based on SEAP feedback, this may include providing LEAs with tailored communication materials and family reminders, ensuring messages are culturally responsive and accessible, and offering guidance on integrating survey outreach into existing family-school communication channels. In addition, PaTTAN consultants and parent organizations may expand the distribution of survey information at annual family events and conferences. These potential efforts aim to increase overall response rates and improve participation from underrepresented groups.

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 25.35%.

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, 2025, 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 5, 2025, to May 29, 2025. During that time, PSEI programs will be provided with biweekly 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. During FFY 2024, Black or African American students and students with a specific learning disability were underrepresented in the response data. Analysis of the data suggests that increasing the overall response rate of the sampled parents of children with disabilities will reduce the potential for nonresponse bias in the future.

As described earlier, based upon active participation and feedback from SEAP, the school age program is considering multiple methods to improve response rate and any nonresponse bias by providing LEAs with tailored communication materials and reminders for families, ensuring messages are culturally responsive and accessible, and offering guidance on integrating survey outreach into existing family–school communication channels. . Additionally, PaTTAN consultants and parent organizations may broaden the distribution of survey information at exiting annual family events and conferences. These efforts will aim to increase the response rate, as well as participation from underrepresented groups. 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 (January 6 – February 2) compared to families who completed the survey during the last four weeks of the data collection period (May 5 - 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 87.81%, in weeks 10 – 13 was 86.24%, and in the final weeks of the survey (19 – 20) was 88.27%. There was a 0.46% increase in agreement from the start to end of the data collection period.
- this pattern of increasing agreement over time was consistent for respondents who were White and Black/African American. Respondents who were Hispanic and Asian showed an average decrease of -3.32% 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 = 85.16%, weeks 10-13 = 83.33%, weeks 19-22 = 85.19%).

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?	NO
If yes, provide a copy of the survey.	

Provide additional information about this indicator (optional)

8 - Prior FFY 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.

Response to actions required in FFY 2023 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 2025 SPP/APR, the State must report whether the FFY 2025 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 2024 reporting period (i.e., after June 30, 2025).

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025

Target	0%	0%
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FFY 2024 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.

43

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	633	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 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2024 reporting period (i.e., after June 30, 2025).

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 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.

43

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	633	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 no LEAs met the data threshold as having disproportionate representation.

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 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	94.33%	94.97%	95.56%	93.08%	93.45%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
36,200	34,930	93.45%	100%	96.49%	Did not meet target	No Slippage

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

1,270

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 2024 monitoring for Indicator 11 confirms that all 526 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 1.2% were completed within 120 days. Reasons for delays were primarily attributed to staff shortages, errors in timeline calculations, and administrative delays.

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

The FFY 2024 data showed that 744 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, 75.54% were completed by 90 days, 13.31% were completed between 91-120 days, and 11.16% were completed over 121 days. Reasons for delays were primarily attributed to staffing shortages, system errors, scheduling calculation errors and scheduling conflicts, such as 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, 2024 through June 30, 2025.

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, 2024, through June 30, 2025.

Provide additional information about this indicator (optional)

School Age Programs (Bureau of Special Education): Focused state monitoring data that is submitted through the PennData Special Education Reporting System.

Preschool Early Intervention Programs (Bureau of Early Intervention Services and Family Supports): State data base that includes data for the entire reporting year - Pelican-EI.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
50	42	5	3

FFY 2023 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 submitted through the PennData Special Education Reporting System, 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 on-site 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 on-site 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 achieving 100% compliance of the regulatory requirements within one year for 42 findings for FFY 2023 based on a review of updated data collected through on-site monitoring and individual student file reviews, consistent with OSEP QA 23-10. 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. Eight 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. Lack of certified school psychologists 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. BSE supported the recruitment of new school psychologists and funded paid internships to help increase certified school psychologist. Of these eight, five LEAs subsequently were verified as demonstrating 100% compliance for two consecutive reporting periods based on a review of updated data collected through on-site monitoring and individual student file reviews, consistent with OSEP QA 23-01.

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 five LEAs have subsequently corrected noncompliance and achieved 100% compliance of the regulatory requirements related to the provision of timely evaluations based on a review of updated data collected through on-site monitoring and individual student file reviews consistent with OSEP QA 23-01.

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 subsequent data from the PELICAN-EI statewide data system of initial evaluation data from identified PSEI programs. The state verified that the PSEI program demonstrated 100% compliance and is correctly implementing the regulatory requirements for timely initial evaluations.

In addition, PSEI programs developed and submitted QEPs (Quality Enhancement Plans) to address the systemic 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 2023 achieved 100% compliance of the regulatory requirements related to the timely initial evaluations within one year of notification based upon data subsequently collected through the PELICAN-EI statewide data system, 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 verify all individual cases of noncompliance were corrected and achieved 100% compliance based on a review of updated data collected through on-site monitoring and individual student file reviews, 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 statewide data system that demonstrated that the child received an initial evaluation, although late. BEISFS Advisors reviewed this evidence to verify that all individual cases of noncompliance were corrected and achieved 100% compliance based upon data subsequently collected through the PELICAN-EI statewide data system within one year of notification, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

FFY 2023 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 LEAs will be required to attend, to address the noncompliance, and if necessary, the enforcement mechanisms that will be utilized to verify 100% compliance based on a review of updated data collected through on-site monitoring and individual student file reviews, consistent with OSEP QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	3	2	1
FFY 2021	1	1	0
FFY 2020	1	0	1
FFY 2019	1	1	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

School Age Programs (Bureau of Special Education)

BSE conducted subsequent follow-up of the three LEAs identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. Two LEAs demonstrated 100% compliance with evaluation timelines for two consecutive reporting periods and the BSE closed corrective action. The BSE has verified that these LEAs, identified with noncompliance in FFY 2022, are 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 the LEAs with noncompliance 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 2022

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 three LEAs identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. Two LEAs demonstrated 100% compliance with evaluation timelines for two consecutive reporting periods and the BSE closed corrective action. One 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’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 2021

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 subsequent follow-up of the LEA identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. The 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 2021, 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 the LEA with noncompliance 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

The BSE reviewed the LEAs' policies, procedures, and practices to ensure they comply with timely initial evaluations. Because the LEA 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 the 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 the LEA at risk of longstanding noncompliance. This included monthly meetings, LEA check in calls, and formal communication.

The BSE informed the LEA 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. 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.

FFY 2019

Findings of Noncompliance Verified as Corrected

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

BSE conducted subsequent follow-up of the LEA identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. The 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 2019, 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 the LEA with noncompliance 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.

11 - Prior FFY 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.

Response to actions required in FFY 2023 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 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2023, the one remaining uncorrected finding of noncompliance identified in FFY 2022, and the one remaining uncorrected finding of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023, FFY 2022, and FFY 2020: (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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

Targets must be 100%.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	93.45%	98.37%	98.32%	95.73%	96.89%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	10,815
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	781
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	8,697
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.	992
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	13
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 2023 Data	FFY 2024 Target	FFY 2024 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.	8,697	9,029	96.89%	100%	96.32%	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

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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, 43.37% had their IEP developed within 30 days, 37.35% had their IEP developed between 31–90 days, and 19.28% 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 2024, 16 PSEI programs had at least 1 late IEP. Of the 16, 7 PSEI programs had less than 3 late IEPs. One PSEI program accounted for 37.5% of the IEPs completed past the child's third birthday and one additional PSEI program accounted for 25.60% 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, 2024, through June 30, 2025.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

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 2023 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 subsequent data from the PELICAN-EI statewide data system of IEP data from identified PSEI programs. The state verified that the PSEI program demonstrated 100% compliance and is 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 the systemic 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 2023 achieved 100% compliance of the regulatory requirements based upon data subsequently collected through the PELICAN-EI statewide data system 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 statewide data system that demonstrated that the child received an IEP, if eligible, after transitioning from the Part C program, although late. BEISFS Advisors reviewed this evidence to verify that all individual cases of noncompliance achieved 100% compliance based upon data subsequently collected through the PELICAN-EI statewide data system within one year of notification, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 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.

Response to actions required in FFY 2023 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 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	81.11%	80.53%	84.99%	86.96%	85.77%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,212	1,389	85.77%	100%	87.26%	Did not meet target	No Slippage

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 NACT: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 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
177	177	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY 2023, there were 177 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 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. 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 177 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.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 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.

Response to actions required in FFY 2023 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 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 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 = $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = $[(\# \text{ of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment}) \div (\# \text{ of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school})] \times 100$.

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 [General Instructions](#) on page 3 for additional instructions on sampling.)

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 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 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 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	2019	2020	2021	2022	2023
A	2023	Target >=	28.50%	29.33%	29.33%	29.33%	
A	12.08%	Data	30.92%	27.65%	23.91%	24.30%	12.08%
B	2023	Target >=	65.00%	70.71%	70.71%	70.71%	
B	47.94%	Data	71.33%	66.45%	71.87%	69.19%	49.74%
C	2023	Target >=	72.00%	76.23%	76.23%	76.23%	
C	64.34%	Data	75.78%	71.33%	76.09%	74.48%	64.34%

Targets

FFY	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.

FFY 2024 SPP/APR Data

Total number of targeted youth in the sample or census	4,991
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	2,054
Response Rate	41.15%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	321
2. Number of respondent youth who competitively employed within one year of leaving high school	824
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)	181
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).	101

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Enrolled in higher education (1)	321	2,054	12.08%	13.08%	15.63%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,145	2,054	49.74%	49.94%	55.74%	Met target	No Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	1,427	2,054	64.34%	67.84%	69.47%	Met target	No Slippage

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	2023	2024
Response Rate	44.78%	41.15%

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 categories, race/ethnicity, and gender. Each of the 20 comparisons made fell within a state-established \pm 5.0% tolerance level.

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.

All demographic variables assessed met the +/- 5% representativeness threshold set by the state. The average percentage difference between target and respondent groups across the 20 demographic categories was -0.04%. No disability categories, racial/ethnic groups, or genders were overrepresented or underrepresented in the respondent group.

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.

Pennsylvania continues to use the MyPlan4Success (MP4S) data collection system introduced in FFY 2022 for the collection and management of exit and post surveys for Indicator 14. With this system, contact information is input into the exit survey by LEAs for their leavers and their parents or legal guardians, which is then utilized to send automated emails and SMS messages to those individuals, which provide information about the post survey and a unique link to complete it. These automated notifications occur weekly throughout the entire post survey data collection window (June 1st through September 29th) after the completion of an audit of all exit survey contact information performed by PaTTAN in collaboration with the BSE during the May before the data collection window opens. In an effort to increase response rates from the previous FFY, Pennsylvania modified the MP4S system to require LEAs to mark down the date, contact method and contact outcome of each of their three manual attempts to reach leavers, those of which were required above and beyond the weekly automated contacts performed by the system.

Given that the state did not have over or underrepresentation for any demographics evaluated, no changes with a specific focus on demographic representation will be made to current sampling and contact procedures.

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 gender, therefore, non-response bias was not of concern with respect to the demographic categories examined.

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 and administrative procedures 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.

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

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specifications FS229.

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 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	691
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	248

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	2019	2020	2021	2022	2023
Target >=	28.00%-38.00%	25.00%-35.00%	25.00%-35.00%	25.00%-35.00%	25.00%-35.00%
Data	33.38%	39.21%	35.22%	14.29%	24.57%

Targets

FFY	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target >=	25.00%	35.00%	25.00%	35.00%

FFY 2024 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target (low)	FFY 2024 Target (high)	FFY 2024 Data	Status	Slippage
248	691	24.57%	25.00%	35.00%	35.89%	Met 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS228.

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	241
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	8
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	156

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	2019	2020	2021	2022	2023
Target >=	79.50%-89.50%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%	75.00%-85.00%
Data	74.53%	66.96%	71.35%	68.85%	76.96%

Targets

FFY	2024	2025
Target >=	75.00%	75.00%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
8	156	241	76.96%	75.00%	68.05%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In FFY 2024, the Bureau of Special Education (BSE) and the Office of Dispute Resolution (ODR), guided by intensive stakeholder advisement, continued efforts to increase awareness of mediation as an effective means of resolving disputes within the IEP team process. Stakeholders emphasized the importance of promoting mediation as a voluntary, low-cost option to amicably resolve disagreements.

Consistent with this guidance, BSE and ODR offered no-cost informational sessions to LEAs, universities, and parent organizations. These outreach efforts corresponded with measurable outcomes. Mediation requests increased from 526 in FFY 2023 to 539 in FFY 2024, mediation agreements rose from 157 to 164, and due process complaints decreased from 941 to 896. Although the number of mediations that did not result in a written agreement also rose, the overall increase in mediation requests and agreements aligns with stakeholder expectations that awareness of and engagement with the mediation process are increasing.

When mediation does not result in a written agreement, ODR staff follow up with participants to better understand barriers to resolution and to provide information about additional dispute resolution options. Parties frequently reported that, following a mediation that did not result in a written agreement, discussions continued and agreements are often reached outside the formal mediation process. These outcomes align with mediator observations and available data indicating that mediation often advances resolution even when a written agreement is not achieved during the session, especially when there is attorney representation that prefer to develop their own written agreements. Although these outcomes are not reflected in mediation agreement data, they align with stakeholder expectations that mediation can effectively move disputes toward resolution and reduce escalation of the conflict.

While there was slippage in the percentage of mediations that resulted in a written agreement during the session, there was an annual higher count of resolution through mediation than prior year. The overall dispute resolution data align with stakeholder goals of ensuring that parents are aware of the option of mediation and have ease of access as a process to address concerns, preserve relationships, and provide families with a low-cost means of resolving conflict.

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

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2025). 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 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) 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 fourth full year of implementation activities/outcomes for the 15 SSIP learning sites during the 2024-25 school year (FFY 2024). 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 an 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;

Phase 5: focus on site's independent implementation, sustainability, and scale-up of the comprehensive model.

The report for FFY 2024 reflects work in Phase 4 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 (Local Education Agencies) 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 Profession Development (PD) and Technical Assistance (TA) focused on best practices provided by PaTTAN (Pennsylvania Training and Technical Assistance Network) 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 Tier 2 criteria and were selected for SSIP implementation.
- 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 2024-25 school year (FFY 2024). The sample includes 10,131 students with IEPs enrolled 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	2024	2025
Target	Data must be greater than or equal to the target	73.03%	74.28%

FFY 2024 SPP/APR Data

Number Graduated with Regular High School Diploma	Number Eligible to Graduate	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,026	2,475	73.37%	73.03%	81.86%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

FFY 2024 source data are the graduation rate data for reported to the Department under section 618 of the IDEA, using the definitions in ED Facts 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 1) qualitatively and 2) quantitatively during the 2024-25 school year (FFY 2024).

1) Qualitative data include documentation of implementation success for key SSIP model components, specifically:

Theory of Action Adoption and Implementation

- PaTTAN consultants facilitated repeat trainings, as needed, on SSIP model implementation and the Theory of Action at learning sites that experienced staff turnover or role changes.
- All learning sites (100%) continued to convene local leadership team meetings comprised of key administrators, special education personnel, general education personnel, and student data management personnel to review SSIP implementation efforts and student graduation trajectory data.
- PaTTAN consultants continued to provide ongoing implementation support, professional development, and technical assistance at all sites (100%).

Use of an Early Warning System EWS

- All learning sites (100%) continued to implement an EWS to track and analyze student Attendance, Behavior, and Course performance (ABC) data for students with disabilities.

Data and Infrastructure Analysis

- All sites (100%) continued to integrate an 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 2024-25 school year at all sites (100%).

Teaming, Data-Based-Decision-Making, and Action Planning

- Leadership teams at all sites (100%) continued adherence to teaming, data analyses, and Action Plan protocols.
- All leadership teams (100%) continued analysis of yearly graduation rates for students with disabilities.
- Leadership teams at all sites (100%) continued Action Plan development 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.
- In accordance with Action Plans, all sites (100%) continued collection of quarterly student-level EWS and ABC data to identify risk factors negatively impacting students' paths to graduation.

Coherent Improvement Strategy and Evidence Based Practices Implementation

- Leadership Teams (100%) met at least quarterly to analyze data and plan implementation at least one CIS targeting students' area(s) of need.
- All sites (100%) implemented one or more CIS to try to help low-performing students' improve.

Evaluation Planning

- A representative sample of team members from each of the 15 learning sites completed a yearly survey measuring variables influencing SSIP implementation and outcomes. (FFY2024 n=88)
- All site Action Plans (15/15,100%) were reviewed to track implementation of SSIP model components to ensure faithful model implementation.
- All leadership team protocols (15/15,100%) were reviewed to document CIS implementation for students "off track" and inform fidelity measurement.

Progress Toward Short-term and Long-term SSIP Objectives

- All sites (100%) continued SSIP model implementation with the goal of reducing the number of students "off track" for graduation as measured by EWS and ABC metrics.
- Conversely, all sites (100%) continued SSIP model implementation with the goal of increasing the number of students "on track" for graduation as measured by EWS and ABC metrics.
- All sites (100%) continued SSIP model implementation intervention with the goal of providing timely intervention and individualized supports to struggling students as early as possible.
- All sites (100%) continued teaming activities focused on using data, action planning, and CIS implementation at the school, grade, and student levels.
- All sites (100%) continued SSIP model implementation with the long-term objective of increasing graduation rates of students with disabilities as measured by changes in exiting data.

Fidelity Measurement

- Teams at all sites (100%) measured fidelity of SSIP implementation including:
 - a) the required EWS;
 - b) embedded Family Engagement CIS;
 - c) use of Culturally Responsive Practices (CRPs- Engagement, Access, Opportunity Considerations);
 - d) at least one additional CIS.

Fidelity data are discussed in Section B of this report.

Sustainability Planning

- Sustainability plans for all sites include gradual scale-back of external TA and PD during Phase 5 (FFY 2025) to increase internal leaders' facility with independent model implementation without direct support from PaTTAN consultants.

- 2) Quantitative data include within-year and cross-year student risk outcomes for the fourth full year of SSIP implementation (FFY 2024).

Within-Year Outcomes

At the beginning of the 2024-25 school year, 64% of students with disabilities at the 15 learning sites were identified by the EWS "on track" for graduation, and 46% were identified as "off track". After data-based decision making and CIS implementation throughout the year, students "on track" climbed to 81%, whereas, "off track" percentages dropped to 19%. Site-to-site comparisons showed that 13 of the 15 learning sites successfully increased the proportion of students "on-track" and reduced the proportion of students "off-track" for graduation within one school year. More importantly, all 15 sites saw decreased prevalence and type of risk factors known to negatively impact student graduation outcomes (i.e., ABC data). Overall, the number of students exhibiting multiple risk factors decreased by 74%. Positive rates of change also occurred at each grade level, with 37% more 9th graders identified as "on-track" for graduation by the end of the year, 36% more students in grade 10; 21% more students in grade 11; and 14% more 12th graders also showed progress.

These data suggest that secondary intervention models can strongly influence student progress despite wide achievement gaps. SiMR target achievement trends coupled with SSIP benchmark trends indicate SWD can graduate on time when identified early by an EWS and provided timely EBP intervention.

Cross-Year Outcomes (Four-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 4 years, that proportion increased to 79%, a 10% change. The number of students "off track" for graduation decreased by 10%, dropping from 31% (Year 1) to 24% (Year 4). Nearly half (47%) of students who were "off track" in 9th grade moved to "on track" by the end of 12th grade. Highest change rates were evident for students experiencing 3-4 years of SSIP intervention. These data suggest positive impact of early risk identification through the SSIP on student success. Moreover, analysis of risk factor trends shows a 66% decrease in the number of risk factors exhibited by students across four years of SSIP implementation. Multiyear trends suggest students initially at risk due to low school attendance experienced the highest rates of positive change, while students at risk due to behavioral problems experienced the lowest rates of change. Fastest change rates occurred in the attendance and course performance risk categories with students showing almost immediate improvement with intervention. Whereas, behavioral risks were the slowest and hardest to influence.

Across 4 years, the 15 sites saw a 10% change in EOY SSIP outcomes. Therefore, nearly 1,000 students decreased risk and improved attendance, behavior and course performance. All evidence that systems-change work takes time and requires intensity to be successful.

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/950d4418-2525-4bc9-8cf5-ced7908f4366/FFY_2024_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 were made. Updates to personnel charts and calendar timelines are made yearly when needed (i.e., Table 2 SSIP Core Workgroup and Table 3 SSIP Activities and Timelines).

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

Titles and roles of members of the SSIP Core Workgroup were revised to reflect current personnel. Likewise, the SSIP 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 provided SSIP sites in-person and virtual TA to support consistent use/implementation of:

- an EWS to collect Attendance, Behavior, and Course performance (ABC) data for students with IEPs;
- the SSIP online data management system;
- team meeting protocols guiding data-based decision-making;
- Action Planning in response to data trends;
- CIS and evidence-based intervention selection in response to student data;
- Strategies focused on increasing Family Engagement and use of Culturally Responsive Practices (CRPs- Engagement, Access, Opportunity Considerations)
- facilitate collection of fidelity of implementation data;

As well as provided PD and informational publications on high-leverage 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 guided learning site:

- review of data and action items related to Comprehensive School Improvement (CSI), Additional Targeted School Improvement (ATSI) or Targeted School Improvement (TSI) plans during SSIP leadership team meetings to assure coordinated implementation efforts;
- addition of CSI, ATSI, and TSI information to SSIP Action Plans to build continuity of implementation goals/activities/outcomes;

3) To Support Alignment of the SPDG with SSIP

PaTTAN, PDE, and the BSE continued inter-departmental collaboration across initiatives:

- to ensure early identification of learners at-risk for school failure- whether in preschool or in high school;
- to provide SWD continuous support throughout their school lives;
- to positively impact long-term student achievement and school outcomes through early identification and comprehensive support;
- to promote effective teaming, data-based decision-making, action planning, and intervention delivery across grade levels;
- to connect parallel EBPs used in both the SPDG and SSIP such as family engagement strategies, MTSS for literacy/ELA, transition supports, and Check & Connect;
- to further strengthen partnerships between internal and external stakeholders (e.g., SPDG and SSIP teams; the Bureau of Special Education (BSE); PDE bureaus, offices, divisions, and initiatives; Success for PA Early Learners (SPEL); the Special Education Advisory Panel (SEAP); PaTTAN; LEAs; implementation sites; Hispanos Unidos para Ninos Exceptionales (HUNE)).

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 centers 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 are detailed below for the infrastructure improvement strategies:

- 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;
- 3) and alignment of State Professional Development Grant (SPDG) and SSIP to offer intensive/ongoing PD to increase graduation rates and enhance college/career readiness.

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. Discussions of (c) scale-up are in progress and will be described in future reports.

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 (100%) SSIP learning sites participated in the following PD provided by PaTTAN consultants:

- SSIP Theory of Action and model components;
- SSIP online data management platform for SSIP data entry, action planning, teaming, tracking, and reporting;
- SSIP Model and EWS implementation;
- Action Planning protocol and process;
- student-level EWS and ABC data analyses, data-based-decision-making, data team meeting protocol and process.

As a result of this PD, all 15 (100%) learning sites leadership teams continued to:

- implement the SSIP model at their school;
- align implementation activities to the Theory of Action;
- implement an EWS to collect and analyze student-level ABC data;
- use ABC data to inform delivery of strategic interventions for students identified as "off-track" for graduation;
- document teaming activities and data-based decision making using a structured meeting protocol;
- develop and implement Action Plans in response to EWS and ABC data.

Beginning in Year 4, all PaTTAN SSIP consultants (100%) participated in monthly learning sessions facilitated by The GRAD Partnership (Johns Hopkins University). This PD provides consultants additional strategies to help learning sites:

- integrate the SSIP model and EWS into a robust Student Success System;
- add additional layers of EBPs to improve attendance rates and course grades;
- expand definitions of school achievement factors like the ABCs to include student Agency, Belonging, and Connectedness for a broader focus on whole-student growth.

Intermediate Outcomes

All 15 SSIP learning sites (100%) received TA to:

- continue SSIP model implementation as designed;
- continue to implement an EWS for student ABC data collection and management
- continue to implement one or more CIS in response to student-level data;
- continue the teaming process and Action Plan development;
- repeat fidelity measurement and model implementation data collection;
- expand awareness that factors influencing student success and school completion include both quantitative ABCs-Attendance, Behavior, Course performance and qualitative ABCs-Agency, Belonging, and Connectedness

As a result of this TA, all 15 learning sites (100%):

- implemented the EWS and more than one CIS in response to individual student data trends;
- completed fidelity data collection for each element of the SSIP Model including EWS metrics, teaming process and protocols, and CIS implementation;
- have expressed commitment and increased interest in supporting whole-student growth including achievement, social-emotional needs, mental health, etc.

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 (100%) 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) Impacts 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 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 to all learning sites in SSIP model implementation components including the required EWS, teaming process, frequent fidelity measurement, and evaluation of model implementation success;
- gradual scale back of direct TA support from PaTTAN consultants to promote sustainability and independent implementation;
- help learning sites to effectively transition from using the prescribed SSIP data platform to an internal management system for seamless long-term EWS reporting and ABC benchmarking.

Alignment of School Improvement Plans for Graduation and Dropout Rates with SSIP Action Plans

- continued PD to inform alignment of school improvement planning with SSIP Action Planning and team decision making;
- continued PD on collaboration and communication strategies across CSI teams and SSIP teams to work together;
- gradual scale back of direct TA support from PaTTAN consultants to promote independent two-way communication and collaboration among school teams.

Support Alignment of the SPDG with SSIP

- continued engagement and collaboration with stakeholders across initiatives;
- continued alignment with SPDG (SPEL) grant by seeking additional collaboration to leverage the corroborative elements of each model;
- continued delivery of PreK-12 interventions known to result in long term school success for SWD.

List the selected evidence-based practices implement in the reporting period:

Aligned with the Theory of Action, Pennsylvania selected seven CISs 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 at least one additional CIS in response to student-level data. As designed in Iteration 1 of the SSIP, Family Engagement CIS and CRPs CIS (Engagement, Access, Opportunity Considerations) 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-Engagement, Access, Opportunity Considerations): 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.

In FFY2024 (Phase 4), SSIP learning sites were required to continue faithful implementation of Phase 1, 2 and 3 components including use of an EWS layered with one or more CIS based on student 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 CIS. This autonomy ensured interventions were individualized, student-centered, and data-driven. Since the SSIP is a model implementation initiative and not a controlled research design, leadership teams have flexibility in combining or changing CISs/EBPs based on student outcomes contingent on Theory of Action alignment and model adherence.

Year 4 Action Plan and Implementation Survey data indicate that all 15 SSIP sites (100%) met Phase 4 requirements. In fact, all sites (100%) implemented multiple CISs in combination beyond those required.

- All 15 sites implemented the required EWS plus at least one additional CIS
- All 15 sites exceeded implementation requirements by implementing the EWS and more than one additional CIS
- 8 sites implemented the EWS plus two additional CISs including
 - o EWS + Attendance Strategies and Alternative Programming + MTSS Academic (3 sites)
 - o EWS + Secondary Transition + Attendance Strategies and Alternative Programming (3 sites)
 - o EWS + MTSS Academic + MTSS Behavior
 - o EWS + Secondary Transition + MTSS Behavior
- 7 sites implemented the EWS plus three additional CISs
 - o EWS + Attendance Strategies and Alternative Programming + MTSS Academic + MTSS Behavior (4 sites)
 - o EWS + Secondary Transition + Attendance Strategies and Alternative Programming + MTSS Academic
 - o EWS + Secondary Transition + Attendance Strategies and Alternative Programming + MTSS Behavior
 - o EWS + Secondary Transition + MTSS Academic + MTSS Behavior
- 1 site implemented the EWS plus four additional CISs
 - o EWS + Attendance Strategies and Alternative Programming + MTSS Academic + MTSS Behavior + Secondary Transition
- All 15 sites also embedded Family Engagement strategies and Culturally Responsive Practices (Engagement, Access, Opportunity Considerations) into instruction, intervention, and outreach.

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-based 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 4 (FFY 2024) of implementation, learning sites were required to:

1. continue implementation of the EWS and one or more additional CIS in response to student data
2. select/implement the additional CIS (or multiple CIS) based on student data.

Learning sites flexibility in CIS selection resulted in the implementation of several combinations of EBP that changed frequently given the dynamic nature of student needs. Therefore, we cannot report the effectiveness of any one strategy in isolation. End-of-year outcome data did suggest, however, that sites implementing Attendance Strategies and Alternative Programming along with MTSS strategies moved 14-19% more students from “off track” to “on track” status, than relied heavily of MTSS strategies alone. Overall, 4 years of sustained risk and achievement data collection, analysis, and intervention has improved outcomes for SWD at the class, school, and state levels.

Qualitative and quantitative outcomes suggest positive impact on the SiMR; teaming and instructional practices; and student outcomes.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Year 4 continued the fidelity monitoring introduced in Year 3. PaTTAN consultants facilitated the data collection process with leadership teams. Leadership teams conducted fidelity measurements for the EWS, Family Engagement Strategies CIS, Culturally Responsive Practices CIS (CRPs-Engagement, Access, Opportunity Considerations), as well as whichever additional data-driven CIS(s) were implemented based on student ABC benchmarks.

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.

- 15/15 learning sites scored 80% or higher on the EWS fidelity instrument (scores ranged from 93%-100%);
- 15/15 learning sites scored 80% or higher on the fidelity instrument for CRPs (score ranged from 80%-100%).
- 15/15 learning sites scored 80% or higher on the Family Engagement fidelity instrument (scores ranged from 87%-100%);
- 15/15 of learning sites implementing Attendance and Alternative Programming exceeded 80% fidelity- an improvement from Year 3;
- 14/15 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.);
- Of note, 2 learning sites exceeded prescribed implementation quality thresholds for MTSS Academics interventions using the program-specific protocols;
- And 2 learning site implementing program specific MTSS Behavior interventions exceeded established criteria.

All fidelity data continued to inform PD, TA, and action planning for continued implementation and transition to independent sustainability.

TA for fidelity monitoring, engagement in model implementation evaluation and fidelity measurement of CISs, analysis of results, and monitoring will continue during Years 5 and 6.

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 Phase 4/Year 4 of implementation, learning sites continued use of an EWS plus one additional CIS grounded in EBP. All sites (100%) met or exceeded those requirements. Data trends summarized in Section A, suggest the EWS and CIS have had a favorable impact on student ABC performance risk-level reduction. Data collection and analyses are ongoing as implementation moves into Phase 5 where activities will focus on continued implementation monitoring, fidelity measurement, and sustainability planning to equip sites for independent model implementation long term.

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 and Culturally Responsive Practices CIS -Engagement, Access, Opportunity Considerations), plus continued implementation of one or more data-driven CIS. Local leadership teams will continue to analyze EWS and ABC data to plan interventions based on 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-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.

As SSIP moves into Year 5, PaTTAN consultants will gradually release support to team members and learning sites to build toward independent implementation and sustainability of practice. Collaboration with GRAD Partnership also will continue in an effort to help sites build a comprehensive system for student success. Combined with the SSIP model, sites will provide students with academic, family, social-emotional, behavioral, and school-community supports for continuous growth.

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 has progressed as planned and sites have met the implementation requirements for Phases 1 through 4. Outcome data described in Section A indicate the model has positively influenced graduation trajectories and reduced student risk. Implementation Survey responses from SSIP site leadership team members (n=88) suggest strong belief in the model and adequate understanding of model components. Nearly 90% of respondents said they believe the SSIP will improve graduation rates of their students with disabilities. Likewise, 90% responded that the teaming process of the SSIP has been beneficial professionally. 95% responded that the EWS, ABC data analysis, and CIS implementation have benefited students. 95% responded they are comfortable/confident in using the SSIP tools/process to address student needs early and foster growth. Finally, teacher confidence rating for the utility and efficacy of the SSIP exceeded 90% despite reported staff/administrative changes.

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 via:

- An annual meeting 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
- 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
- End-of year Implementation Survey of site administrators, staff, and teachers.
- Various family engagement initiatives at the learning sites as part of Action Plan implementation of Family Engagement CIS

Continued SSIP Internal Stakeholder engagement across the PDE, bureaus, offices, divisions, and initiatives 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 through 4 of SSIP implementation including meetings and forums, using both in-person and virtual modes. Continuous feedback from local leadership teams is particularly valuable. Their input informs plans to strengthen fidelity of implementation and planning for sustainability.

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, NTACTION, 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 state and national conferences (in-person and virtually). 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. Highly effective connections include access to 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 continue to use updated versions of 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. HUNE representatives also frequently participate in/attend PDE inter-departmental collaboration meetings and conferences.

Surveys

Eighty-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 2025 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.

No new barriers were identified. The size and structure of cyber schools and the dynamic nature of their fluctuating enrollment continue to be a challenge. However, site leaders and staff have demonstrated ingenuity and innovation in upholding model fidelity and implementation consistently. Most impressive are their concerted efforts to engage and connect with students and families across geographic and virtual barriers. Frequent outreach, community partnerships, and family support centers, help build relationships that address student struggles as quickly and as comprehensively as possible.

Provide additional information about this indicator (optional).

Summary of Additional Qualitative Data Related to the Action Planning Process and Protocols

Qualitative review of Action Plan narratives, team meeting protocols, and consultant meeting notes indicated:

- all 15 learning sites completed Action Plans for FFY 2024;
- all 15 learning sites documented implementation of an EWS, leadership teaming, and data-based decision-making based on EWS alerts and ABC data.
- all 15 sites experienced some level of staff turnover or change throughout the year impacting SSIP implementation;
- 80% 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 reported that high attrition rates in leadership/faculty and/or staff and teacher shortages have made implementation challenging;
- all 15 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

- PA MTSS and PBIS Implementers Forum
- PDE Conference
- Pennsylvania Special Education Leadership Academy
- Safe and Supportive Learning Environment Summit

National

- Council of Administrators of Special Education (CASE) Conference
- OSEP Leadership and Project Director's Conference
- National Dropout Prevention Center Conference

Internal SSIP Newsletter - The Analysis

A 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:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # 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

Instructions

Targets must be 100%.

States are required to complete the General Supervision Data Table within the online reporting tool.

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, 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. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

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.

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 findings of 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 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%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					94.09%

Targets

FFY	2024	2025
Target	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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
7	0	7	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 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 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 seven LEAs with noncompliance reported in its FFY 2023 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. 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.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
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Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
50	8	42	8	8

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

School Age Programs (Bureau of Special Education):

Four of the eight additional findings reported in Column B came from the state complaint system pertaining to Indicator 11, initial timely evaluations.

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

Four of the eight additional findings reported in Column B came from the state monitoring tool pertaining to Indicator 11, initial timely evaluations. While the four 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.

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:

School Age Programs (Bureau of Special Education)

The process for collecting data is explained above. In July-August, BSE reviewed spreadsheets submitted through the PennData Special Education Reporting System, 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 on-site 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 on-site 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 achieving 100% compliance of the regulatory requirements within one year for 42 findings for FFY 2023 based on a review of updated data collected through on-site monitoring and individual student file reviews, consistent with OSEP QA 23-10. 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. Eight 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. Lack of certified school psychologists 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. BSE supported the recruitment of new school psychologists and funded paid internships to help increase certified school psychologist. Lack of certified school psychologists 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 eight, five LEAs subsequently were verified as demonstrating 100% compliance for two consecutive reporting periods based on a review of updated data collected through on-site monitoring and individual student file reviews, consistent with OSEP QA 23-01.

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 five LEAs have subsequently corrected noncompliance and achieved 100% compliance of the regulatory requirements related to the provision of timely evaluations based on a review of updated data collected through on-site monitoring and individual student file reviews consistent with OSEP QA 23-01.

Furthermore, the BSE verified that the source of noncompliance for all additional findings reported in Column B were correctly implementing the regulatory requirements based on updated data through the State complaint process. For each complaint, the BSE conducted an investigation and issued a written Complaint Investigation Report (CIR) within 60 calendar days to the complainant and the LEA. When violations were identified, the CIR required corrective actions designed to both remedy the individual instance of noncompliance and address the source of the violation to ensure correct future implementation. Following issuance of the CIR, BSE staff required the LEA to submit documentation demonstrating completion of all corrective actions. BSE reviewed and validated the submitted documentation to confirm that corrective actions were implemented as required and that updated data demonstrated correct implementation of the regulatory requirements. BSE verified that each LEA with additional findings of noncompliance reported in Column B corrected the noncompliance by achieving 100% compliance with the regulatory requirements related to timely initial evaluations within one year of notification, based on a review of updated data collected through on-site monitoring, individual student file reviews, and the State's data system, consistent with OSEP QA 23-01.

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 subsequent data from the PELICAN-EI statewide data system of initial evaluation data from identified PSEI programs. The state verified that the PSEI program demonstrated 100% compliance and is correctly implementing the regulatory requirements for timely initial evaluations.

In addition, PSEI programs developed and submitted QEPs (Quality Enhancement Plans) to address the systemic 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 2023 achieved 100% compliance of the regulatory requirements related to the timely initial evaluations within one year of notification based upon data subsequently collected through the PELICAN-EI statewide data system, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Furthermore, BEISFS verified that the four PSEI programs with identified additional findings of noncompliance in FFY 2023 corrected the noncompliance related to timely initial evaluations by achieving 100% compliance with the applicable regulatory requirements within one year of notification, based upon data subsequently collected through the PELICAN-EI statewide data system, 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:

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 verify all individual cases of noncompliance were corrected and achieved 100% compliance based on a review of updated data collected through on-site monitoring and individual student file reviews, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01, dated July 24, 2023.

Additionally, BSE verified that each individual case of noncompliance identified from state complaints was corrected through the state complaint process by requiring and reviewing documentation demonstrating implementation of all required corrective actions. For each case, the BSE issued a written CIR identifying the violation and specifying corrective actions with timelines for completion. Once the CIR became final, the LEA was required to submit evidence of corrective action, which BSE staff reviewed and validated to ensure that the violation was remedied, appropriate services were provided, and procedures were implemented to prevent recurrence. BSE examined this evidence to verify all individual cases of noncompliance were corrected and achieved 100% compliance based on a review of updated data collected through on-site monitoring and individual student file reviews, 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 statewide 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 verify that all individual cases of noncompliance were corrected and achieved 100% compliance based upon data subsequently collected through the PELICAN-EI statewide data system within one year of notification, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Additionally, BEISFS verified that each individual case of noncompliance in the four PSEI programs with identified additional findings of noncompliance in FFY 2023 achieved 100% within one year of notification based upon data subsequently collected through the PELICAN-EI statewide data system, consistent with 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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

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

The six additional findings reported in Column B came from the state monitoring tool pertaining to 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. While the six 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.

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 subsequent data from the PELICAN-EI statewide data system of IEP data from identified PSEI programs. The state verified that the PSEI program demonstrated 100% compliance and is 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 the systemic 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 2023 achieved 100% compliance of the regulatory requirements based upon data subsequently collected through the PELICAN-EI statewide data system 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).

Furthermore, BEISFS verified that the six PSEI programs with identified additional findings of noncompliance in FFY 2023 corrected the noncompliance by achieving 100% compliance with the applicable regulatory requirements related to the percent of children referred under Part C prior to age 3, found eligible for Part B, and for whom an IEP is developed and implemented by their third birthday, within one year of notification, based upon data subsequently collected through the PELICAN-EI statewide data system, 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 statewide data system that demonstrated that the child received an IEP, if eligible, after transitioning from the Part C program, although late. BEISFS Advisors reviewed this evidence to verify that all individual cases of noncompliance achieved 100% compliance based upon data subsequently collected through the PELICAN-EI statewide data system within one year of notification, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Additionally, BEISFS verified that each individual case of noncompliance in the six PSEI programs with identified additional findings of noncompliance in FFY 2023 achieved 100% within one year of notification based upon data subsequently collected through the PELICAN-EI statewide data system, consistent with 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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
177	8	177	8	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

School Age Programs (Bureau of Special Education):

The eight additional findings reported in Column B came from the state complaint system pertaining to 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.

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 FFY 2023, there were 177 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 verified those students’ updated IEPs achieved 100% compliance of regulatory requirements, consistent with OSEP QA 23-01. The BSE verified 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.

Furthermore, consistent with OSEP QA 23-01, the BSE verified that the source of noncompliance for all additional findings reported in Column B were correctly implementing the regulatory requirements based on updated data through the State complaint process. For each complaint, the BSE conducted an investigation and issued a written CIR within 60 calendar days to the complainant and the LEA. The CIR documented the specific complaint issue(s), applicable regulatory authority, sources of information reviewed (including documents and interviews), and findings of fact and conclusions for each allegation, including whether a violation of State or federal law occurred.

When violations were identified, the CIR required corrective actions designed to both remedy the individual instance of noncompliance and address the source of the violation to ensure correct future implementation. Required corrective actions included remediation of any denial of services, measures to ensure timely initial evaluations for future students, and timelines for completion no later than one year from issuance of the CIR.

Following issuance of the final CIR, BSE staff required the LEA to submit documentation demonstrating completion of all corrective actions. This documentation included updated data and evidence showing that the regulatory requirements were being correctly implemented. BSE reviewed and

validated the submitted documentation to confirm that corrective actions were implemented as required and that updated data demonstrated correct implementation of the regulatory requirements.

BSE maintained ongoing communication with the complainant and the LEA and documented all contacts related to corrective action implementation. Based on the review and validation of updated data and supporting documentation, BSE verified that the source of noncompliance correctly implemented the regulatory requirements and that each LEA with additional findings of noncompliance corrected the noncompliance by achieving 100% compliance within one year of identification. As a result of this process, BSE verified that all additional findings of noncompliance reported in Column B were corrected and achieved 100% compliance with the regulatory requirements within one year of notification, based on data subsequently collected through on-site monitoring and the State data system, 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:

In accordance with OSEP QA 23-01, 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. 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 177 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.

Additionally, BSE verified that each individual case of noncompliance for all additional findings reported in Column B were corrected through the state complaint process by requiring and reviewing documentation demonstrating implementation of all required corrective actions. For each case, the BSE issued a written CIR identifying the violation and specifying corrective actions with timelines for completion. Once the CIR became final, the LEA was required to submit evidence of corrective action, which BSE staff reviewed and validated to ensure that the violation was remedied, appropriate services were provided, and procedures were implemented to prevent recurrence. As a result of this process, BSE verified that all additional findings of individual cases of noncompliance reported in Column B were verified as achieving 100% compliance of the regulatory requirements within one year of notification based upon data subsequently collected through on-site monitoring and a statewide data system, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Optional for FFY 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 2023 (7/1/23 – 6/30/24)	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

Please 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 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
248	22	240	22	8

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
262	270	94.09%	100%	97.04%	Did not meet target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	2.96%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)	270
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)	262
3. Number of findings <u>not</u> verified as corrected within one year	8

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	8
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")	5
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	0
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	0
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	0
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	0
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	0
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	0
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	0
7. Number of findings <u>not</u> 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.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	3	2	1

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

FFY 2022

Findings of Noncompliance Verified as Corrected

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:

School Age Programs (Bureau of Special Education)

The BSE has verified that two LEAs with noncompliance has corrected implementation of regulatory requirements, consistent with OSEP QA 23-01. This was verified through review the review of monthly reporting data and regular on-site reviews of student files, including policies, procedures, and practices.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

School Age Programs (Bureau of Special Education)

The BSE has verified that two LEAs with noncompliance 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 2022

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 three LEAs identified with ongoing noncompliance through monthly reporting and regular on-site reviews of student files, including policies, procedures, and practices. Two LEAs demonstrated 100% compliance with evaluation timelines for two consecutive reporting periods and the BSE closed corrective action. One 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'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.

18 - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

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

18 - OSEP Response

18 - Required Actions

The State must demonstrate, in the FFY 2025 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2023 and the remaining one uncorrected finding of noncompliance identified in 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023 and 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 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 2025 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:

Dr. Carole Clancy

Title:

Bureau Director of Special Education

Email:

caclancy@pa.gov

Phone:

7179419788

Submitted on:

04/23/26 2:47:41 PM

Determination Enclosures

RDA Matrix

Pennsylvania 2026 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
82.95%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	15	75.00%
Compliance	22	20	90.91%

(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 2026: Part B."

2026 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	88%	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	9	2
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	90	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."

2026 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (4)	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.92%	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	96.49%	NO	2
Indicator 12: IEP developed and implemented by third birthday	96.32%	YES	2
Indicator 13: Secondary transition	87.26%	YES	1
Indicator 18: General Supervision	97.04	NO	2
Timely and Accurate State-Reported Data	97.62%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2024-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 $\geq 5\%$ and $< 10\%$ for Indicators 4B, 9, and 10, and $\geq 90\%$ and $< 95\%$ for Indicators 11, 12, 13 and 18.

**Data Rubric
Pennsylvania**

FFY 2024 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 2024 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: 7/30/25	1	1	1	3
Personnel Due Date: 2/18/26	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Discipline Due Date: 2/18/26	1	1	1	3
State Assessment Due Date: 1/7/26	1	0	1	2
Dispute Resolution Due Date: 11/19/25	1	1	1	3
MOE/CEIS Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	20
Grand Total (Subtotal X 1.28571429) =	25.71

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	27
B. 618 Grand Total	25.71
C. APR Grand Total (A) + 618 Grand Total (B) =	52.71
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	0.9762
E. Indicator Score (Subtotal D x 100) =	97.62

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/30/2025
Part B Personnel	FS070, FS099, FS112	2/18/2026
Part B Exiting	FS009	2/18/2026
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/18/2026
Part B Assessment	FS175, FS178, FS185, FS188	1/7/2026
Part B Dispute Resolution	FS227, FS228, FS229, FS230	11/19/2025
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238	11/19/2025

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Pennsylvania

School Year: 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	186
(1.1) Complaints with reports issued.	104
(1.1) (a) Reports with findings of noncompliance	52
(1.1) (b) Reports within timelines	102
(1.1) (c) Reports within extended timelines	2
(1.2) Complaints pending.	7
(1.2) (a) Complaints pending a due process hearing.	7
(1.3) Complaints withdrawn or dismissed.	75

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	539
(2.1) Mediations held.	241
(2.1) (a) Mediations held related to due process complaints.	11
(2.1) (a) (i) Mediation agreements related to due process complaints.	8
(2.1) (b) Mediations held not related to due process complaints.	230
(2.1) (b) (i) Mediation agreements not related to due process complaints.	156
(2.2) Mediations pending.	70
(2.3) Mediations withdrawn or not held.	228

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	896
(3.1) Resolution meetings.	691
(3.1) (a) Written settlement agreements reached through resolution meetings.	248
(3.2) Hearings fully adjudicated.	55
(3.2) (a) Decisions within timeline (include expedited).	14
(3.2) (b) Decisions within extended timeline.	41
(3.3) Due process complaints pending.	130
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	711

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	26
(4.1) Expedited resolution meetings.	18
(4.1) (a) Expedited written settlement agreements.	5
(4.2) Expedited hearings fully adjudicated.	8
(4.2) (a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	1
(4.4) Expedited due process complaints withdrawn or dismissed.	17

This report shows the most recent data that was entered by:
Pennsylvania

These data were extracted on the close date:
11/19/2025

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 2026 will be posted in June 2026. 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 18, 2026

Honorable Carrie Rowe
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) 2026 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) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Pennsylvania's 2026 determination is based on the data reflected in its "2026 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 2026: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2026, as it did for Part B determinations in 2015-2025. (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 2026, 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 2026 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 (BIE), and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2026 determination as it did for Puerto Rico's 2025 determination. OSEP used the publicly available NAEP data for the BIE 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 2026 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.

You may access the results of OSEP's review of Pennsylvania's SPP/APR and other relevant data by accessing the ED Facts Metadata and Process System (EMAPS) 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 your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Pennsylvania's RDA Matrix;

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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.

- (2) the HTDMD [link](#);
- (3) "2026 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 2024-2025," 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 2026 determination is Meets Requirements. A State's or Entity's 2026 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 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 1, 2, 3, 5, 6, 15, and 16 (as they have in the past). 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 EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data 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 2024 SPP/APR. In addition, Pennsylvania must:

- (1) review LEA performance against targets in the Pennsylvania'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,



Erin McHugh
Deputy Director
Office of Special Education Programs

cc: Pennsylvania Director of Special Education