**Arkansas CCEIS Application**

A school district must use fifteen percent of its IDEA allocation, as defined in § 613(f) of the IDEA U.S.C. § 1413(f) and the regulations in 34 CFR § 300.646(b), to develop and implement Comprehensive Coordinated Early Intervening Services (CCEIS) when identified as having significant disproportionality. CCEIS may be provided to students in prekindergarten through grade twelve who are *at risk for special education services* or are currently eligible for special education and related services pursuant to AR Regs 6.06.

|  |  |  |  |
| --- | --- | --- | --- |
| District Name / LEA # |  | Date Submitted |  |
| Contact Name |  |
| Contact Phone # |  | Contact email |  |

**Indicate the categories under which the district has been identified as having significant disproportionality: *(Click on all boxes that apply)***

[ ]  **Identification of children as children with disabilities**

[ ]  **Identification of children as children with disabilities in specific disability categories**

[ ]  Autism

[ ]  Emotional Disturbance

[ ]  Intellectual Disability

[ ]  Other Health Impairment

[ ]  Specific Learning Disability

[ ]  Speech Language Impairment

[ ]  **Educational environment**

[ ]  Less than 40% of the day in the regular

classroom

[ ]  Day School

[ ]  **Disciplinary actions**

[ ]  ISS **≤** 10 days

[ ]  ISS **>** 10 days

[ ]  OSS **≤** 10 days

[ ]  OSS **>** 10 days

[ ]  Total Removals

**PART 1: Root Cause Analysis Summary**

**Provide a summary of significant contributing factors and key root causes the LEA has identified as contributing to the significant disproportionality.**

The root cause analysis summary must include the information entered in the required Arkansas CCEIS Tool, other data, and information reviewed. The summary should look closely at beliefs that drive policy, procedure, and practices impacting each identified category listed above.

Click or tap here to enter text.

**PART 2: CCEIS Program Information**

1. Name of program/intervention selected for each area identified:

Click or tap here to enter text.

1. Describe how the program(s)/intervention(s) will align with the contributing factors and/or root cause of the identified areas.

Click or tap here to enter text.

1. Based on the program(s)/intervention(s) selected, describe the evidence-based activities and services to be provided.

Click or tap here to enter text.

1. Is this program/intervention already in use in the district? [ ]  YES [ ]  NO
2. If #4 is answered “YES,” how is the district ensuring that CCEIS funds do not supplant funds currently used to implement the program/intervention?

Click or tap here to enter text.

1. What grade levels are involved in the program(s)/intervention(s) for each identified area?

Click or tap here to enter text.

1. Are you planning to serve students with disabilities, students without disabilities, or both?

*(Note: Students who have an IEP should make up no more than 50% of the total students served in CCEIS.)*

Click or tap here to enter text.

1. Describe your intended outcome and desired results from this program/intervention. Use the SMART goal format for each identified area(s). Goals must include quantitative data.

Click or tap here to enter text.

**PART 3: Program Description**

1. Describe the frequency and duration of the program(s)/intervention(s).

Click or tap here to enter text.

1. Is this a small group or individual program(s)/intervention(s)?

Click or tap here to enter text.

1. Approximately how many students will be served by this program(s)/intervention(s)?

Click or tap here to enter text.

1. What materials will be used?

Click or tap here to enter text.

1. How will student progress be tracked? (What data is being used, and how often is it reviewed?)

Click or tap here to enter text.

1. Based on student progress, what is the plan for adjusting the program(s)/intervention(s)?

Click or tap here to enter text.

1. Do classified or certified staff implement the program(s)/intervention(s)? If classified staff are used, please describe their role.

Click or tap here to enter text.

1. Describe the process used to identify students to be provided with CCEIS. (Include quantitative data, tools used, data components reviewed, and scores or cut points used for identification.)

Click or tap here to enter text.

1. What data will be used to determine if the child is ready to exit the CCEIS program? (Include quantitative data, tools used, data components reviewed, and scores or cut points used for exit.)

Click or tap here to enter text.

**Part 4: Data Management (applies for the duration of the funds)**

1. Who in the district will enter CCEIS student data in eSchool? List their name and email address.

Click or tap here to enter text.

1. When will the data be entered in eSchool?

 Click or tap here to enter text.

1. How often will the eSchool data be reviewed for accuracy?

 Click or tap here to enter text.

**ANSWER ONLY IF YOU ARE USING A READING INTERVENTION:**

1. Does the district implement **Science of Reading** instructional strategies? [ ]  YES [ ]  NO
2. What percent of your certified staff have been RISE trained? Click or tap here to enter text.
3. How does the district’s plan align with **Science of Reading** instructional strategies?

Click or tap here to enter text.

**Part 5: Program** **Evaluation**

The purpose of CCEIS is to provide behavioral and academic interventions that students need to succeed in a general education environment. To ensure the success of the CCEIS program, the program must be evaluated annually.

1. How will the fidelity of implementation be monitored?

Click or tap here to enter text.

1. Who will monitor the fidelity of implementation?

Click or tap here to enter text.

1. What tools, data, and evidence will be used to measure the intended outcomes outlined in your goals (Question 8)?

Click or tap here to enter text.

1. **If this is NOT the FIRST YEAR of CCEIS implementation for identified areas**:
	1. What data did the district use to determine program effectiveness last year?

Click or tap here to enter text.

* 1. Summarize the results from last year’s program review.

Click or tap here to enter text.

* 1. **Based on the annual program review and SMART goals, what changes in the program are you making to meet students' needs? Examples are provided below**

**EXAMPLE 1:** *The CCEIS budget in* ***Year 1*** *may include amounts for training while the program is in early implementation.*

**EXAMPLE 2: *Year 2,*** *two classified**staff were used to implement the program. In* ***Year 3****, a full-time certified person was hired to implement the program.*

**EXAMPLE 3: *Years 2*** *and* ***3****, the program was implemented at the elementary school at grades 3-5. In* ***Year 4****, the program is expected to include grades 1-2.*

**EXAMPLE 4*: Years 2*** *and* ***3****, the program was**implemented at the elementary school and at grades 3-5. In* ***Year 4****, the program is expected to include grades 1-2.*

Click or tap here to enter text.

**Part 6: Finance CCEIS Budget**

Explain the CCEIS budget for IDEA Federal Funds. What will be purchased/funded? Include a **narrative** for each **function/object code** budgeted.

**SOF Function 6702 Function 1297**

|  |  |  |
| --- | --- | --- |
| **Object** | **Amount** | **Budget Narrative** |
| 61110 |  |  |
| 61120 |  |  |
| 62000 |  |  |
| 63000 |  |  |
| 64000 |  |  |
| 65000 |  |  |
| 66000 |  |  |
| 67000 |  |  |
| Total | $ 0.00 |  |

*To have word sum the total for you, click in the cell (it will turn grey) and press F9 or right click and select update field.*

**District CCEIS Assurance Statement**

The district assures to continue to:

* Provide a Free Appropriate Public Education (FAPE) to all students with disabilities consistent with IDEA;
* Special Education and Related Services in the IEP will be provided;
* Meet the maintenance of effort requirements referenced in 34 CFR §§300.205(d) and 300.226(a) for any fiscal year;
* Track students in the early intervening services module in eSchool for the duration of the funds;
* Submit student data during Cycle 7 according to the instructions in the Statewide Information System (SIS) manual; and
* Review CCEIS student information in MySped Resource during the review period of September 1-30.

**Superintendent Verification of Accuracy:**

*The superintendent is required to certify the information prior to submission.*

I verify that the information submitted in this CCEIS application and the attached AR CCEIS Tool is accurate and based on the root cause analysis findings. The root cause analysis included, but was not limited to, student record reviews, the Success Gap Rubric, and the Self-Assessment of district policies, procedures, and practices.

|  |  |  |
| --- | --- | --- |
| Title | Signature | Date |
| Special Education Director |  |  |
| Business Manager |  |  |
| Superintendent |  |  |

**Division of Elementary and Secondary Education**

**Special Education Unit**

**District CCEIS Approval Criteria Form**

|  |  |  |  |
| --- | --- | --- | --- |
| District Name / LEA # |  | Date Submitted |  |
| Contact Name |  |
| Contact Phone # |  | Contact email |  |

**For State Use Only**

**Special Education Finance Section**

1. Is the budgeted amount the required 15% of the IDEA Part B allocation? [ ]  Yes [ ]  No

Comments:

1. Does the selected program(s)/intervention(s) supplant any required programs? [ ]  Yes [ ]  No

Comments:

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Education Programs Section**

1. Does the plan clearly state how the program will address the identified area and the root cause? [ ]  Yes [ ]  No

Comments:

1. Is the selected program(s)/intervention(s) an evidence-based practice(s)? [ ]  Yes [ ]  No

Comments:

1. Does the program evaluation include quantifiable data? [ ]  Yes [ ]  No

Comments:

1. Does the program evaluation describe how the program(s)/intervention(s) will be adjusted based on the program review? [ ]  Yes [ ]  No

Comments:

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the district’s CCEIS plan approvable for the Fiscal Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? [ ]  Yes [ ]  No

Notification sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_