**Arkansas CCEIS Application**

A school district must use fifteen percent of the local need, as defined in § 613(f) of the IDEA U.S.C. § 1413(f) and the regulations in 34 CFR § 300.226(b), to develop and implement Comprehensive Coordinated Early Intervening Services (CCEIS). 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

D**isciplinary actions**

ISS **≤** 10 days

ISS **>** 10 days

OSS **≤** 10 days

OSS **>** 10 days

Total Removals

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

This part of your application should align with the information you have ascertained in your root cause analysis. Your root cause analysis must include the information entered in the required Arkansas CCEIS Tool, other data and information you reviewed, and should look closely at **equity, inclusion, and opportunity** for children in each area indicated above.

Click or tap here to enter text.

**PART I: CCEIS Program Information**

1. Name of program/intervention selected for each area identified and that addresses the root cause:

Click or tap here to enter text.

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

Click or tap here to enter text.

1. Is this program/intervention already in use in the district?  YES  NO
2. If #3 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 without disabilities only or both students with and without disabilities?

*(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. Based on the program(s)/intervention(s) selected, describe the evidence-based activities and services **which will be provided** (Based on the evidence base, what are you implementing?).

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 (numbers to measure progress).

Click or tap here to enter text.

**PART II: Program Description**

1. Describe the frequency and duration of the program(s)/intervention(s). (How often and for how long will students receive intervention?)

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. Describe the process used to identify students who will participate in CCEIS services. (Include quantitative data, tools used, data components reviewed.)

Click or tap here to enter text.

1. Approximately how many students will be served by this program(s)/intervention(s)? *(These students will be reported in eSchool as CCEIS participants.)*

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. Describe how the program(s)/intervention(s) will be adjusted for students based on their progress.

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. What data will be used to determine a child is ready to exit the program? (Data should be quantifiable or reported in number form.)

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** principles?

Click or tap here to enter text.

**Part III: Evaluation of Program**

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

1. How will fidelity of implementation be monitored?

Click or tap here to enter text.

1. What tools, data, and evidence will you use to measure the intended outcomes?

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 IV: Finance CCEIS Budget**

Explain the CCEIS budget for Title VI-B. What will be purchased/funded? Include a **narrative** for each **function/object code** budgeted. The total will be the amount on the CCEIS Preliminary Chart.

**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;
* 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 is based on the findings from the root cause analysis. 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% the federal allocation (619 and VI-B funds)?  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_