**Special Education Annual Performance Report**

**Result Driven Accountability Determination**

**RESPONSE TABLE**

**A special education program** that has a RDA Determination of Meets Requirements under Substantial Compliance or Needs Assistance, as addressed in the LEAs determination letter, is **required** to submit a response table.

* An LEA with a RDA Determination of Meets Requirements with Substantial Compliance is required to submit a response for any *Priority IV Compliance* element where the LEA rate is less than 100%.
* An LEA with a RDA Determination of **Needs Assistance**, is required to submit a response for any *Priority I-III Results* element where the score is two (2) or lower and any *Priority IV Compliance* element where the LEA rate is less than 100%.

The development of the response table should be a team process. List the participants on the signature page and have the Superintendent or designee sign verifying the information.

The response table on the following pages will expand with typing. Three tables are included, which can be copied and pasted to additional pages to meet LEA needs.

The Response Table includes the following information:

1. Priority Area and Element Name
2. Findings from a review of your district’s policies, procedures, and practices specific to the indicator. You may use the *Self-Assessment of District Policies, Procedures, and Practices for Special Education Programs in Arkansas Public Schools* (posted online at <https://dese.ade.arkansas.gov/Offices/special-education/monitoring-and-program-effectiveness/monitoring-procedures> as a tool to aid in this review; however, you are not required to use the tool. You are required to conduct a review and submit your findings in the Response Table. If no inappropriate policies, procedures, or practices were identified, please state that as your finding.
3. Cause of deficiency (e.g. incorrect codes used in referral tracking module, evaluators not submitting evaluations in a timely matter, curricular needs, staff training needs, etc.).
4. Corrective/improvement steps to address the cause of deficiency (e.g. attend data entry training, review evaluator contracts, provide professional development, etc.).
5. Timelines for completion of each step.
6. Person responsible for overseeing the implementation and completion of the corrective steps.

|  |
| --- |
| rda dETERMINATION response table |
| Priority Area: |
| ELEMENT NAME: |
| 2. findings from review of policies, procedures, and practices: |
| **3. CAUSE OF DEFICIENCY:**  |
| **4. CORRECTIVE/IMprovement Steps:** | **5. Time Line:** |
|  |  |
|  |  |
|  |  |
| **6. PERSON RESPONSIBLE FOR COMPLETION OF STEPS:** |
| **DATE OF REVIEW (SEA use only):** |
| rda dETERMINATION response table |
| 1. Priority Area: |
| ELEMENT NAME: |
| 2. findings from review of policies, procedures, and practices: |
| **3. CAUSE OF DEFICIENCY:**  |
| **4. CORRECTIVE/IMprovement Steps:** | **5. Time Line:** |
|  |  |
|  |  |
|  |  |
| **6. PERSON RESPONSIBLE FOR COMPLETION OF STEPS:** |
| **DATE OF REVIEW (SEA use only):** |
| rda dETERMINATION response table |
| 1. Priority Area: |
| ELEMENT NAME: |
| 2. findings from review of policies, procedures, and practices: |
| **3. CAUSE OF DEFICIENCY:**  |
| **4. CORRECTIVE/IMprovement Steps:** | **5. Time Line:** |
|  |  |
|  |  |
|  |  |
| **6. PERSON RESPONSIBLE FOR COMPLETION OF STEPS:** |
| **DATE OF REVIEW (SEA use only):** |

**RDA Determination Response Team Member Sheet**

|  |  |
| --- | --- |
| District:  | Click here to enter text. |
| Address:  | Click here to enter text.  |
| Superintendent: | Click here to enter text. |
| Special Education Director:  | Click here to enter text. |
| Contact E-mail Address:  | Click here to enter text. |
| Contact Phone: | Click here to enter text. |

**Team Members Who Participated in the RDA Determination Response:**

*A team of stakeholders selected by the district must participate in the RDA Determination Response process. When assembling this team, the district should consider including regular and special educators and team members representing administration, professional learning, parents, curriculum and instruction, school psychology, student support services, and school improvement.*

|  |  |
| --- | --- |
| Name: | Title: |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Summary of Verification of Accuracy**

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

I verify that the information submitted in this report is accurate and is based upon the review of the LEAs Policies, Procedures, and Practices related to the priority areas and elements identified.

**Superintendent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**