

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2019**

Arkansas



**PART B DUE
February 1, 2021**

**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

Additional information related to data collection and reporting

In the 2018-2019 school year, Arkansas' educational system was comprised of 263 school districts and open enrollment charter schools, two state agencies (Arkansas School for the Blind and Arkansas School for the Deaf), 15 education cooperatives, and two state agencies not within the Arkansas Department of Education's Division of Elementary and Secondary (DESE) purview, for a total of 282 programs.

In the 2019-2020 school year, Arkansas' educational system was comprised of 261 school districts and open enrollment charter schools, two state agencies (Arkansas School for the Blind and Arkansas School for the Deaf), 15 educational cooperatives, and two state agencies not within the Arkansas Division of Elementary and Secondary (DESE) purview, for a total of 280 programs.

The majority of special education data is collected in the State's student management system (SMS). The only compliance data in the system is tied to initial referrals and evaluations.

How the SMS is used for Identification of Noncompliance: Prior to calculation of Indicators 11 and 12 for the APR in October/November/December, referral records that exceeded the 60-day evaluation timeline for which the LEA entered a code of "other" are closely examined to determine if they meet exclusionary criteria. If further clarification is necessary, LEA supervisors are contacted via phone or email. For compliance with State regulations, this process is also applied to the 30-day eligibility determination timeline.

When an LEA fails to submit referral data and does not notify the SEU that it had zero referrals for the school year, the LEA receives a 0% rate for the related indicator(s). Furthermore, any missing data which prohibits the calculation of a record (i.e. missing date) is considered a missed timeline since verification of timeliness cannot be made. This results in the elevation of the record to being "flagged" for noncompliance.

Verification of Services and Correction: The referral tracking data captures eligibility determination date, status as to placement in special education (y/n), and date of parental consent for placement, thus allowing verification of the entire referral process. If these data elements are missing, the IDEA Data & Research Office staff reviews the SMS special education modules to verify that students whose evaluation timelines exceeded 60 days were evaluated, had eligibility determined, and had an IEP developed when found to be eligible.

Number of Districts in your State/Territory during reporting year

280

General Supervision System

The systems that are in place to ensure that IDEA Part B requirements are met, e.g., monitoring, dispute resolution, etc.

The DESE's Special Education Unit (SEU) is composed of the following sections:

The Director's Office of the SEU works in collaboration with local school districts to provide special education services for children with disabilities (ages 3 to 21) in an effort to ensure that all children with disabilities in Arkansas receive a Free Appropriate Public Education (FAPE) as outlined in the Individuals with Disabilities Education Act (IDEA). The SEU is committed to improving educational results for students with disabilities through statewide leadership and support to educators, students, families, and other stakeholders. The SEU works in partnership with stakeholders to design and implement an effective system of general supervision to fulfill state and federal regulations and improve outcomes for students with disabilities.

The Dispute Resolution Section (DRS) is responsible for managing the due process hearing system and the complaint investigation system, as outlined under Arkansas Special Education and Related Services: Procedural Requirements and Program Standards. The DRS also provides oversight of the Arkansas Special Education Mediation Project (ASEMP) administered by the UALR Bowen School of Law Mediation Clinic. The DRS works with parents and districts to resolve conflicts at the lowest possible level.

The Monitoring and Program Effectiveness (MPE) and Non-Traditional Programs sections monitor special education programs for compliance with state and federal regulations and provide technical assistance for program improvement. The focus of the MPE section is improving educational results for students with disabilities and ensuring that all LEAs and other public agencies meet the Individuals with Disabilities Education Act (IDEA) program requirements.

The Curriculum and Assessment staff works with the other DESE units and LEAs to ensure that students identified as needing special education and related services have access to the general curriculum and are included in statewide and district-wide assessments.

The State Program Development Section of the SEU assists public agencies such as schools, institutions of higher education, state and private agencies, parents, and the general public in the development of programs and training to improve services for students with disabilities.

The State Personnel Development Grant (SPDG) works, in collaboration with other DESE Units, to restructure and implement Arkansas' Response to Intervention (RTI) model using evidence-based personnel development to implement a multi-tiered system of support for behavior and academics, with a focus on literacy.

The Funding and Finance Section participates in general supervision by ensuring the appropriate use of IDEA funds as well as state and local funds specifically budgeted for special education. This section provides support for local education agencies in developing all grant applications and budgets pertaining to IDEA federal, state and local funds. Furthermore, the SEU has implemented a risk-based system of fiscal monitoring that utilizes a standard protocol to establish risk. Districts are monitored by the MPE section and Funding and Finance section simultaneously.

The Arkansas IDEA Data & Research Office provides data management, analysis, technical assistance, and research for the enhancement of the DESE's general supervision mandate. Working in partnership with SEU and other divisions within the agency, the Office ensures standardized data collection procedures for federal reporting, state and district level data analysis, and public dissemination of program effectiveness data, including the Annual Performance Report.

How the Components Function as a General Supervision System: The MPE section monitors LEAs for procedural compliance on regulatory issues and provides targeted technical assistance to support LEA efforts in improving results for students with disabilities and their families. Staff work collaboratively with other sections within the SEU as well as DESE in carrying out the MPE section's overall supervision of the provision of special education and related services. These partnerships allow the MPE Area Supervisors to identify monitoring and technical assistance needs, and assist LEAs in developing and implementing specialized staff in-service and personnel development.

The State Program Development Section partners with Curriculum and Assessment, Dispute Resolution, MPE, and SPDG staff, along with other divisions within the agency, to assist LEAs, institutions of higher education, and state and private agencies in the development of programs and trainings to improve services for students with disabilities.

Working in partnership with the SEU and other divisions, the IDEA Data & Research Office ensures standardized data collection procedures for federal reporting, state and district level data analysis, and public dissemination of program effectiveness data including school district and early childhood program profiles and the Annual Performance Report.

The finance section works with data management and special education consultants who verify services and results of programs for students with disabilities, ensuring they are correlated to the expenditure requirements. The annual application for Part B funds requires that each district submit written assurances along with their annual application and budget application.

Collectively, the SEU works to correct noncompliance and improve performance. When an LEA/ESC or other public agency has a finding of noncompliance, a compliance action plan (CAP) is written to address the deficiency with specified timelines for correction and submission of evidence for review. As part of the monitoring process, the SEU may impose needed corrective strategies on a public agency, and require that specific documentation be submitted to demonstrate implementation of corrective actions. Individual LEAs may be required to conduct a self-review of policies, procedures, and practices to address identified deficiencies, with the corresponding timelines for review, to gauge the effectiveness of their implementation of corrective actions. SEU staff monitoring the public agency's effectiveness will require revisions to the plan if the efforts appear to be ineffective. Prior to determining that the public agency has substantially corrected the noncompliance, additional on-site follow up and/or review of more recent data will occur to verify correction of noncompliance. Public agencies must submit a written assurance and/or evidence that the deficiencies within a CAP have been corrected as directed. When written assurance is provided, evidence that documents the public agency's progress in correcting the noted deficiencies must be available at the public agency for review by the SEU staff. Upon the receipt of all requested evidence cited in a CAP and verification by the SEU staff of full correction, the SEU will notify the public agency of its compliance status.

Correction of noncompliance in a timely manner is determined after a review of documentation submitted by the public agency along with other monitoring activities. DRS staff reviews the evidence provided by public agencies to demonstrate compliance with corrective actions as required in a hearing decision or complaint investigation report. If the evidence submitted is insufficient to meet the required corrective action, the DRS staff works with the public agency to achieve compliance. If necessary, the SEU may send one or more staff on-site to verify that a public agency is complying with the corrective action(s). A public agency under a corrective action directive from a hearing decision or complaint investigation report is required to provide periodic updates to DRS staff addressing the status of compliance with corrective actions until noncompliance is corrected.

Technical Assistance System

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to LEAs.

The State provides professional development and technical assistance to LEAs around compliance and performance indicators through a variety of mechanisms based on established needs. The MPE section provides targeted technical assistance (TA) for compliance and program improvement based on a variety of risk factors including monitoring findings, desk audits, APR Determinations, Indicator Data, referrals from the other units within the agency, and other information.

IDEA Data & Research provided professional development opportunities to LEAs focusing on data reporting, data use, and building data literacy capacity. Other various consultant groups have traditionally provided technical assistance around student-specific issues and program improvement in an effort to build capacity within the LEA. These consultants are involved in a multi-year shift from a student-specific state support model to a capacity-building model. Much of the technical assistance work has focused on the principles of implementation and improvement science to enact sustainable evidence-based practices to meet the needs of students with disabilities.

An online referral system, Central Intake and Referral/Consultant Unified Intervention Team (CIRCUIT), continues to be used to meet technical assistance requests around specific needs, and consultants are assigned, based on the referral type. A central entity receives referrals and the case is assigned to a consultant. Evidence-based practices are used in the provision of technical assistance, and each TA provider participates in ongoing approved professional development to improve their skills and knowledge base. When student-specific requests are initiated, technical assistance efforts to support LEAs are delivered with an intentional focus on growing the capacity of the LEA to meet the needs of that student and future students with similar needs. Memorandums of Understanding (MOUs) outline required skills and functions of each consultant group.

Technical Assistance activities are logged in monthly activity reports and reviewed by the administrative team in the SEU. Special Education Consultant Teams that are deployed through CIRCUIT are inclusive of the following:

•Arkansas Transition Services (ATS): ATS serves all 75 counties in Arkansas in an effort to improve transition outcomes for students with disabilities.

The mission of ATS is to effectively assist students with disabilities, educators, parents, agency personnel, and community members in preparing students to transition from school to adult life and reach positive post-school outcomes. ATS staff provide technical assistance, trainings, and consultations to special education teachers and other relevant staff, as well as to various agency personnel. Services are provided at no cost.

•Arkansas Behavior Support Specialists (BSS): The work of the BSS focuses on the development of district-level behavior teams trained in legally defensible Functional Behavior Assessments (FBA) and development of Behavior Intervention Plans (BIP). Regional training and onsite coaching is provided to LEAs through a multi-year project called BX3. In addition, behavior support consultants provide regional, district, school, and individual trainings and assistance. These services may include assistance with behavior plan development and programming, essential principles of behavior, behavior data collection, and essential behavior strategies.

••Education Services for the Visually Impaired (ESVI): ESVI consultants provide recommendations for adaptations to enhance student opportunities for learning, assessment, and instruction; consultation in the use of recommended low vision devices and adaptive mobility devices and canes; recommendations for large print or Braille books and for assistive equipment and materials; and assistance as needed with required Functional Vision Assessments and Learning Media Assessments.

••Brain Injury (BI) Services: BI Services include consulting with LEAs on intervention strategies that assist in managing student behavior, enhancing academic achievement of low performing students, assessment and identification of students potentially in need of special education services, and the provision of staff development to school faculty and administrators regarding BI. Brain injury services focus on the integration of interdisciplinary supports needed for students with brain injuries.

••Children and Youth with Sensory Impairments (CAYSI): CAYSI is a federally funded program serving individuals from birth to age 21 who are deaf/blind or who are at risk for deaf/blindness. CAYSI consultants provide training, technical assistance, and information to families, educators, and others who work with these individuals. CAYSI supports the philosophy of inclusion of the individual with deaf/blindness in educational, vocational, recreational and community environments.

••Easterseals Outreach Program and Technology Services (ESOPTS): ESOPTS provides support to build the capacity of districts and special education school teams to implement evidence-based instructional and therapeutic methods to positively impact student outcomes. Services are provided to assist staff with providing curriculum, supports, supplementary aides, and services for students with complex learning needs (significant and/or multiple developmental needs). ESOPTS also provides services for educational Autism Spectrum Disorder (ASD) identification and augmentative/alternative communication, psycho-educational assessments, assistive technology loan equipment, student-centered planning, and addressing specific needs of individual students or an entire classroom.

Two major ESOPTS projects are capacity-building projects. Project Prepare focuses on the development of district-level teams that identify and drive change around quality indicators for special education and related services. The Arkansas Assistive Technology Team Building Project incorporates principles of implementation science and distributed leadership to build district-wide assistive technology (AT) teams that install and sustain evidence-based practices for AT consideration, assessment, and implementation.

••Educational Audiology Resources for Schools (EARS): EARS services include managing hearing screening programs to assist with amplification and other classroom technical assistance, and making recommendations for accommodations/modifications for students with auditory processing disorders, cochlear implants, etc. A full range of evaluation services are available including audiological assessments, counseling/guidance for parents, and hearing conservation education. Speech pathology services include specialized assessments (with a written report), classroom observations, assistance with writing appropriate goals, as well as modeling therapy with individual students.

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 students with disabilities.

The State provides professional development to LEAs around compliance and performance indicators through a variety of mechanisms based on established needs. Each section of the SEU and its funded consulting groups provide professional development around systemic implementation of high-leverage and evidence-based practices, specific issues, and program improvement in an effort to build capacity within each LEA.

The consultant teams include:

••IDEA Data & Research provided professional development opportunities to LEAs focusing on data reporting, data use, and building data literacy capacity.

••Arkansas Transition Services (ATS) serves all 75 counties in an effort to improve transition outcomes for students with disabilities. ATS staff provide technical assistance, training, and consultations to special education teachers and other relevant staff, as well as to various agency personnel.

••The State Personnel Development Grant (SPDG) works with districts and education cooperatives to support RTI implementation. The SPDG is focused on increasing the capacity of the state, regional education cooperatives, and districts to support RTI implementation with fidelity; improve educators' ability to implement evidence-based literacy and behavior support practices; and improve literacy and behavior outcomes for all students by offering general, targeted, and intensive RTI supports statewide.

••The Arkansas Behavior Support Specialists (BSS) provide regional, district, school, and individual student training and support. BSS services include assistance with behavior plan development and programming, essential principles of behavior, behavior data collection, and assistance with classroom/building/district level program development to meet the social/behavioral needs of students with disabilities.

••The Arkansas Co-Teaching Project assists districts in improving the least restrictive environment (LRE) and is focused on ensuring students are accessing and progressing in the general education curriculum. The co-teaching project partners with Johns Hopkins University's Center for Technology in Education (JHU CTE) to implement a year-long blended Boundless Learning Co-Teaching (BLC) professional development package in Arkansas.

••The Education Services for the Visually Impaired (ESVI) consultants provide recommendations for adaptations to enhance student opportunities for learning, assessment, and instruction; consultation in the use of recommended low vision devices and adaptive mobility devices and canes; recommendations for large print or Braille books and for assistive equipment and materials; and assistance as needed with required Functional Vision Assessments and Learning Media Assessments.

••Brain Injury (BI) Services include consulting with LEAs on intervention strategies that assist in managing student behavior, enhancing academic achievement of low performing students, and assessment and identification of students potentially in need of special education services, and the provision of staff development to school faculty and administrators regarding BI.

••Speech-Language services include consultation and technical assistance on a variety of communication, regulatory, and service delivery issues; professional education information in the form of training, self-study materials, and announcements; and a resource and equipment loan program which includes professional texts, assessment tools, self-study materials, and auditory trainers. Additionally, LEAs may seek approval for a program to use Speech-Language Pathology Support Personnel (assistants and aides) who can perform tasks as prescribed, directed and supervised by master's level speech-language pathologists using a written proposal process.

••Children and Youth with Sensory Impairments (CAYSI) is a federally funded program serving individuals from birth to age 21 who are deaf/blind or who are at risk for deaf/blindness. CAYSI consultants provide training, technical assistance, and information to families, educators, and others who work with

these individuals. CAYSI supports the philosophy of inclusion of the individual with deaf/blindness in educational, vocational, recreational and community environments.

- Easterseals Outreach Program and Technology Services (ESOPTS) provides support to build the capacity of districts and special education school teams to implement evidence-based instructional and therapeutic methods to positively impact student outcomes. ESOPTS also provides services for Autism Spectrum Disorder (ASD) identification and augmentative/ alternative communication, psycho-educational assessments, loan equipment, student centered planning, and addressing specific needs of individual students or an entire classroom. Professional development is offered in a variety of formats, including online and onsite.

- Educational Audiology Resources for Schools (EARS) services include managing hearing screening programs to assist with amplification and other classroom technical assistance and making recommendations for accommodations/modifications for students with auditory processing disorders, cochlear implants, etc. A full range of evaluation services are available including audiological assessments, counseling/guidance for parents, and hearing conservation education. The EARS program offers an online channel that LEAs may access for information on best practices for working with children with hearing loss.

- The SEU works collaboratively with educational interpreters, the districts who employ them, and the University of Arkansas at Little Rock's Interpreter Education Program. The SEU provides targeted technical assistance workshops for interpreters to assist them in reaching the qualification standard outlined in the Arkansas Standards for Educational Interpreters and Transliterators, 4th edition. The SEU supports educational interpreters working in Arkansas public schools by providing opportunities for them to take the Educational Interpreter Performance Assessment at no cost in order to obtain the minimum required standards.

- University of Arkansas at Little Rock, Bowen School of Law Mediation Project has trained professional mediators to assist parties in finding effective solutions for conflicts around the provision of educational services for children with disabilities. Mediators can facilitate IEP Meetings to guide the process and assist members of the IEP team in communicating effectively to develop an acceptable IEP.

- The SEU continues to be involved in interagency collaborations to enhance the provision of special education services for children with disabilities.

- The SEU works closely with the DESE Student Assessment Unit and the DESE Curriculum and Instruction Unit to ensure all students have access to and progress in the general education curriculum with meaningful participation in statewide assessments.

- Medicaid in the Schools (MITS) services include training and technical assistance to support LEAs in tele-practice, electronic billing and program management, policy and program development, initiation/development of new revenue streams, and collection/management/and analysis of data.

Stakeholder Involvement

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The initial development of the Arkansas State Performance Plan (SPP) and Annual Performance Report (APR) began in May 2005 with the appointment of a 40-member stakeholder group. This group consisted of consumers, parents, school officials, legislators, and other interested parties. Initial orientations to the SPP/APR were provided to the stakeholder group as well as to the State Advisory Council in June 2005. A half-day working session was conducted for members of the stakeholder group and the State Advisory Council. After a brief orientation, members were assigned to one of three task groups focusing on the establishment of measurable and rigorous targets, strategies for improving performance, and steps necessary for obtaining broad-based public input. The recommendations and considerations generated by these task groups laid the foundation for the development of the Arkansas SPP/APR.

After additional work to develop the content of the SPP around the indicators, the SPP/APR was presented to the State Advisory Council for comments and recommended modifications. These changes were incorporated and presented to the 40-member stakeholder group in a series of conference calls. Further changes suggested by the stakeholder group were made in November 2005 while additional data and targets were assembled. The SPP was posted on the SEU website as a series of program area "mini-volumes" in mid-November 2005. Comments were solicited from the public on the SPP topics of FAPE in the LRE, pre- and post-school outcomes, child find, and special education overrepresentation.

During FFY 2013, SPP/APR stakeholders including the State Advisory Council provided feedback on setting targets for the APR indicators. Each indicator was discussed at length and suggestions were made to change some indicators and leave other indicator targets as set. The discussion around target setting included the previous methodology of using a four-year moving average, establishing the standard deviation, and whether the trends of recent years will continue. As indicator measurements change, stakeholders are engaged around establishing future targets based on the new baseline data.

Each January the newest version of the SPP/APR, which includes SSIP updates, is presented to the State Advisory Council prior to its submission to the US Department of Education. The feedback provided is incorporated into the SPP/APR for current and subsequent submissions.

Stakeholders, including members of the State Advisory Council, are convened around changes to the SPP/APR and the SSIP quarterly as part of the State Advisory Council meeting. This gives stakeholders the opportunity to provide feedback and recommendations on a regular basis.

Other avenues of stakeholder engagement include the LEA Academy held each fall, the DESE Summit, various task forces and committees, meetings held with professional organizations such as the Arkansas Association of Special Education Administrators (AASEA), and monthly technical assistance calls for special education administrators.

Apply stakeholder involvement from introduction to all Part B results indicators (y/n)

NO

Reporting to the Public

How and where the State reported to the public on the FFY18 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 2018 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, including any revision if the State has revised the SPP that it submitted with its FFY 2018 APR in 2020, is available.

The state reported to the public on the FFY 2019 performance of each LEA located in the State on the targets in the SPP/APR at <http://dese.ade.arkansas.gov/divisions/learning-services/special-education/data-research/public-reporting>.

Further a link is provided on the same page to access State's SSP/APR for FFY 2012-current as posted by OSEP. The link is <https://sites.ed.gov/idea/spp-apr-letters>.

Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

Response to actions required in FFY 2018 SPP/APR

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) graduating from high school 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 of Education (Department) under Title I of the Elementary and Secondary Education Act (ESEA).

Measurement

States may report data for children with disabilities using either the four-year adjusted cohort graduation rate required under the ESEA or an extended-year adjusted cohort graduation rate under the ESEA, if the State has established one.

Instructions

Sampling is not allowed.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), and compare the results to the target. Provide the actual numbers used in the calculation.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma and, if different, the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma. If there is a difference, explain.

Targets should be the same as the annual graduation rate targets for children with disabilities under Title I of the ESEA.

States must continue to report the four-year adjusted cohort graduation rate for all students and disaggregated by student subgroups including the children with disabilities subgroup, as required under section 1111(h)(1)(C)(iii)(II) of the ESEA, on State report cards under Title I of the ESEA even if they only report an extended-year adjusted cohort graduation rate for the purpose of SPP/APR reporting.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2016	84.29%

FFY	2014	2015	2016	2017	2018
Target >=	85.00%	85.00%	85.00%	85.10%	85.91%
Data	83.14%	81.89%	84.29%	83.80%	84.61%

Targets

FFY	2019
Target >=	86.72%

Targets: Description of Stakeholder Input

Arkansas' target for Indicator 1: Graduation is the same as targets set under Title I of the ESEA. Under Arkansas's approved ESSA plan, the special education graduation rate should increase by .81 percentage points annually to reach the long-term goal of = 94% in 2028.

The SPP/APR stakeholders including the state advisory council, were informed of the statewide targets, how the four-year graduation cohort is calculated, and that special education is a subset of the greater graduation rate calculation. The stakeholder discussion also focused on how students who stay past four-years affect the graduation rates.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696)	07/27/2020	Number of youth with IEPs graduating with a regular diploma	3,564
SY 2018-19 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696)	07/27/2020	Number of youth with IEPs eligible to graduate	4,316
SY 2018-19 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec FS150; Data group 695)	07/27/2020	Regulatory four-year adjusted-cohort graduation rate table	82.58%

FFY 2019 SPP/APR Data

Number of youth with IEPs in the current year's adjusted cohort graduating with a regular diploma	Number of youth with IEPs in the current year's adjusted cohort eligible to graduate	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
3,564	4,316	84.61%	86.72%	82.58%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Analysis of the four-year graduation cohort data for students with disabilities found a higher number of students in this cohort dropped out of school than in previous years. Additionally, there were approximately 100 students who remained past grade 12 with the majority scheduled to stay in school through age 21.

Graduation Conditions

Choose the length of Adjusted Cohort Graduation Rate your state is using:

4-year ACGR

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma and, if different, the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma. If there is a difference, explain.

Students graduating from an Arkansas Public School or Public Charter School must meet or exceed the following state minimum 22 graduation credit requirements as adopted by the Arkansas State Board of Education.

English Language Arts - 4 credits

** English 9 -12

Mathematics - 4 credits

** Algebra I; Geometry; ADE Approved Mathematics; ADE Approved Mathematics or Computer Science Flex

Science - 3 credits

** ADE approved biology; ADE approved physical science; ADE approved third science or Computer Science Flex

Social Studies - 3 credits

**US History; World History; Civics; Economics and Personal Finance

Oral Communication - 1/2 credit

Physical Education - 1/2 credit

Health & Safety - 1/2 credit

Fine Arts - 1/2 credit

Career Focus or Additional Content – 6 credits

Additional Graduation Requirements

** Students must complete a digital course for credit – A.C.A. § 6-16-1406

** Students must earn a credit in a course that includes personal & family finance in grades 9-12 – A.C.A. § 6-16-135

** Students must pass the Arkansas Civics' Exam – A.C.A. § 6-16-149

** Students must complete hands-on CPR training – A.C.A. § 6-16-143

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)

COVID had no effect on this indicator.

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 dropping out of high school. (20 U.S.C. 1416 (a)(3)(A))

Data Source

OPTION 1:

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

OPTION 2:

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

Measurement

OPTION 1:

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 left high school (ages 14-21) in the denominator.

OPTION 2:

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

Instructions

Sampling is not allowed.

OPTION 1:

Use 618 exiting data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019). Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) received a certificate; (c) reached maximum age; (d) dropped out; or (e) died.

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.

OPTION 2:

Use the annual event school dropout rate for students leaving a school in a single year determined in accordance with the National Center for Education Statistic's Common Core of Data.

If the State has made or proposes to make changes to the data source or measurement under Option 2, when compared to the information reported in its FFY 2010 SPP/APR submitted on February 1, 2012, the State should include a justification as to why such changes are warranted.

Options 1 and 2:

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 2019 SPP/APR, use data from 2018-2019), and compare the results to the target.

Provide a narrative that describes what counts as dropping out for all youth and, if different, what counts as dropping out for youth with IEPs. If there is a difference, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2008	4.28%

FFY	2014	2015	2016	2017	2018
Target <=	2.62%	2.54%	2.29%	2.14%	1.98%
Data	2.03%	1.94%	1.60%	1.88%	1.62%

Targets

FFY	2019
Target <=	1.82%

Targets: Description of Stakeholder Input

Arkansas' target for Indicator 2: Drop out rate is based on the NCES calculation reported as part of the Common Core of Data (CCD). The calculation is the subset of the single year event rate for students in grades 7-12. The SPP/APR stakeholders including the State Advisory Council were informed of the two measurement options and how changing the measurement would impact the drop out rate. The stakeholders agreed to keep the measurement as the subset of the greater statewide drop out rate. The discussion around target setting included the previous methodology of using a four-year moving average and whether the declining trend of recent years will continue. Based on the trend data from the past eight years targets were selected for 2013 and 2018, with the targets for years 2014-2017 representing an equitable growth rate needed to meet the 2018 target. Using the same measure a target was set for 2019.

Please indicate the reporting option used on this indicator

Option 2

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,153
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (b)	71
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (c)	8
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (d)	358
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education as a result of death (e)	18

Has your State made or proposes to make changes to the data source under Option 2, when compared to the information reported in its FFY 2010 SPP/APR submitted on February 1, 2012? (yes/no)

NO

Use a different calculation methodology (yes/no)

YES

Change numerator description in data table (yes/no)

YES

Change denominator description in data table (yes/no)

YES

If use a different calculation methodology is yes, provide an explanation of the different calculation methodology

Arkansas has chosen to maintain the previous calculation as optioned to states by OSEP. In accordance with Arkansas Code Annotated §6 15 503, the calculated school enrollment census (October 1 through September 30) total is used to determine the drop out rate for all students. Drop outs include students who leave prior to graduation including students who pursue taking the General Educational Development test leading to a General Equivalency Diploma (GED).

The single-year event data for this indicator is collected through the Arkansas Public School Computer Network (APSCN) student information system and submitted through the EDEN submission system (ESS) by the DESE Office of Information Technology (OIT). The OIT provides the numbers for this indicator to the Special Education Unit. The data reflects students enrolled in grades 7-12. The calculation below is applied to all students and then subgroups are calculated based on student flags; such as race/ethnicity, special education, migrant, and so forth.

Beginning with the 2004-2005 school year, the following process is used by each school to determine the number of drop outs.

On October 1 of each school year, each district conducts a census of all students enrolled at each school to arrive at a school enrollment census total for each grade. The number of students transferring into each school after the October 1 census through September 30 of the following school year shall be added to the October 1 census total for each grade.

The number of students transferring out of each school after the October 1 census through September 30 of the following school year is subtracted from the October 1 census total for each grade. The number of students incarcerated, deceased, or graduating early is subtracted from the October 1 census total for each grade. Each district maintains separate records regarding students who leave the public school system to be home schooled under Arkansas Code Annotated §6 15 503. Beginning with the 2004-2005 school year, the calculated school enrollment census total is used to determine the drop out rate for each school. For grades two through twelve (2 - 12), the school enrollment census total for each grade of the current school year is compared to the school enrollment census total for each of the previous grades of the previous school year. For grade seven (7), the current school year school enrollment census total for grade seven is compared to the school enrollment census total for grade six class of the previous year.

Examples of the calculation used to determine the drop out rate for grades 7 through 12 are as follows:

- If the number of drop outs for grade seven was 0 and the October 1 enrollment was 51, the 7th grade drop out rate is $0/51 = .00$ or 0.00%.
- If the number of drop outs for grade eight was 3 and the October 1 enrollment was 63, the 8th grade drop out rate is $3/63 = .0476$ or 4.76%.
- If the number of drop outs for grade nine was 1 and the October 1 enrollment was 56, the 9th grade drop out rate is $1/56 = .0179$ or 1.79%.
- If the number of drop outs for grade 10 was 2 and the October 1 enrollment was 60, the 10th grade drop out rate is $2/60 = .0333$ or 3.33%.
- If the number of drop outs for grade 11 was 4 and the October 1 enrollment was 54, the 11th grade drop out rate is $4/54 = .0741$ or 7.41%.
- If the number of drop outs for grade 12 was 3 and the October 1 enrollment was 57, the 12th grade drop out rate is $3/57 = .0526$ or 5.26%.

Overall the rate would be $10/284 = .0352$ or 3.52%

FFY 2019 SPP/APR Data

Number of youth with IEPs who exited special education due to dropping out	Total number of High School Students with IEPs by Cohort	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage

422	25,634	1.62%	1.82%	1.65%	Met Target	No Slippage
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Provide reasons for slippage, if applicable

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

Students are considered a drop out if the district has no documentation (request for records) indicating that the student enrolled in another Arkansas school district, moved to another state or out of country, or enrolled in a private school. A student may also be considered a drop out if they are absent for more than ten school days without notice. If documentation is received, such as a request for records, the withdrawal code can be updated in the student management system. Students who leave prior to graduation to pursue the General Educational Development test leading to a General Equivalency Diploma (GED), are also considered drop outs.

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 below.

Provide additional information about this indicator (optional)

COVID had no effect on this Indicator.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3B: Participation for Students with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Indicator 3A – Reserved
- B. Participation rate for children with IEPs
- C. Proficiency rate for children with IEPs against grade level and alternate 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 EDFacts file specifications FS185 and 188.

Measurement

B. 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. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

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

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

Indicator 3B: Provide separate reading/language arts and mathematics participation rates, inclusive of all ESEA grades assessed (3-8 and high school), for children with IEPs. Account for ALL children with IEPs, in all grades assessed, 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.

3B - Indicator Data

Reporting Group Selection

Based on previously reported data, these are the grade groups defined for this indicator.

Group	Group Name	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	HS
A	Overall	X	X	X	X	X	X	X	X	X		

Historical Data: Reading

Group	Group Name	Baseline	FFY	2014	2015	2016	2017	2018
A	Overall	2005	Target >=	95.00%	95.00%	95.00%	95.00%	95.00%
A	Overall	96.56%	Actual	97.15%	98.70%	98.81%	98.76%	99.11%

Historical Data: Math

Group	Group Name	Baseline	FFY	2014	2015	2016	2017	2018
A	Overall	2005	Target >=	95.00%	95.00%	95.00%	95.00%	95.00%
A	Overall	96.56%	Actual	97.52%	98.91%	98.90%	98.83%	99.20%

Targets

Subject	Group	Group Name	2019
Reading	A >=	Overall	95.00%
Math	A >=	Overall	95.00%

Targets: Description of Stakeholder Input

FFY 2019 Data Disaggregation from EDFacts

Include the disaggregated data in your final SPP/APR. (yes/no)

YES

Data Source:

SY 2019-20 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

Reading Assessment Participation Data by Grade

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs											
b. IEPs in regular assessment with no accommodations											
c. IEPs in regular assessment with accommodations											
f. IEPs in alternate assessment against alternate standards											

Data Source:

SY 2019-20 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

Math Assessment Participation Data by Grade

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs											
b. IEPs in regular assessment with no accommodations											
c. IEPs in regular assessment with accommodations											
f. IEPs in alternate assessment against alternate standards											

FFY 2019 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A	Overall			99.11%	95.00%		N/A	N/A

FFY 2019 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A	Overall			99.20%	95.00%		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.

Although, there is no assessment data for 2019/20, publicly available assessment data can be found at <https://myschoolinfo.arkansas.gov/>

and

<https://dese.ade.arkansas.gov/Offices/learning-services/data--research/public-reporting>

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

Indicator 3C: Proficiency for Students with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Indicator 3A – Reserved
- B. Participation rate for children with IEPs
- C. Proficiency rate for children with IEPs against grade level and alternate 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 EDFacts file specifications FS175 and 178.

Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level and 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)]. Calculate separately for reading and math. 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 reading/language arts and mathematics assessments (combining regular and alternate) for children with IEPs, in all grades assessed (3-8 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

Reporting Group Selection

Based on previously reported data, these are the grade groups defined for this indicator.

Group	Group Name	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	HS
A	Overall	X	X	X	X	X	X	X	X	X		

Historical Data: Reading

Group	Group Name	Baseline	FFY	2014	2015	2016	2017	2018
A	Overall	2018	Target >=	30.29%	32.27%	34.23%	36.19%	10.50%
A	Overall	10.50%	Actual	10.45%	13.41%	14.38%	11.15%	10.80%

Historical Data: Math

Group	Group Name	Baseline	FFY	2014	2015	2016	2017	2018
A	Overall	2018	Target >=	38.17%	37.19%	39.15%	41.11%	12.95%
A	Overall	12.95%	Actual	10.42%	16.00%	17.01%	15.88%	13.13%

Targets

Subject	Group	Group Name	2019
Reading	A >=	Overall	11.38%
Math	A >=	Overall	14.30%

Targets: Description of Stakeholder Input

FFY 2019 Data Disaggregation from EDFacts

Include the disaggregated data in your final SPP/APR. (yes/no)

YES

Data Source:

SY 2019-20 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

Reading Proficiency Data by Grade

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs who received a valid score and a proficiency was assigned											
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level											
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level											

Data Source:

SY 2019-20 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

Math Proficiency Data by Grade

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs who received a valid score and a proficiency was assigned											
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level											
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level											

FFY 2019 SPP/APR Data: Reading Assessment

Group	Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A	Overall			10.80%	11.38%		N/A	N/A

FFY 2019 SPP/APR Data: Math Assessment

Group	Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A	Overall			13.13%	14.30%		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.

Although, there is no assessment data for 2019/20, publicly available assessment data can be found at <https://myschoolinfo.arkansas.gov/>

and

<https://dese.ade.arkansas.gov/Offices/learning-services/data--research/public-reporting>

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

3C - 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 districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs

(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 districts that meet the State-established n size (if applicable) that have a significant discrepancy in the rates of suspensions and expulsions for greater than 10 days in a school year of children with IEPs) divided by the (# of districts in the State that meet the State-established n size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n size. If the State used a minimum n size requirement, report the number of districts 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 2019 SPP/APR, use data from 2018-2019), including data disaggregated by race and ethnicity to determine if significant discrepancies are occurring in the rates of long-term suspensions and expulsions 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:

- The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

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

Indicator 4A: Provide the actual numbers used in the calculation (based upon districts that met the minimum n 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 district with discrepancies had policies, procedures or practices that contributed to the significant discrepancy 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 the Office of Special Education Programs (OSEP) Memorandum 09-02, dated October 17, 2008.

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, etc.) 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 2019 SPP/APR, the data for 2018-2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2016	30.14%

FFY	2014	2015	2016	2017	2018
Target <=	5.43%	5.11%	30.14%	30.00%	29.50%
Data	4.67%	7.00%	30.14%	NVR	30.51%

Targets

FFY	2019
Target <=	29.50%

Targets: Description of Stakeholder Input

Arkansas' targets for Indicator 4: Discipline data in the past were based on trend analysis and compliance requirements. The indicator was discussed with stakeholders which included the state's advisory council. For Indicator 4A, the discussion included how the measurement change affected the State's rate, that FFY 2016 would become a baseline year and setting the FFY 2017 and FFY 2018 with a minimal decline. The FFY 2019 target will be held at the FFY 2018 level.

The Indicator targets will be revisited with broad stakeholder groups as we prepare the SPP under the FFY2020-2025 package.

FFY 2019 SPP/APR Data

Has the state established a minimum n-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 size. Report the number of districts excluded from the calculation as a result of the requirement.

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Number of districts that have a significant discrepancy	Number of Districts that met the State's minimum n-size	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
18	61	30.51%	29.50%	29.51%	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))

The rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in each LEA compared to the rates for nondisabled children in the same LEA

State's definition of "significant discrepancy" and methodology

An LEA with a comparative percentage point difference greater than 1.36 is identified as having a significant discrepancy. Arkansas collects student discipline data at the building level for all students through the Arkansas Public School Computer Network (APSCN). Discipline data are submitted to APSCN during Cycle 7 (June) each year. Upon closing the cycle, the ADE-SEU receives two data pulls, an aggregate unduplicated count of general education students by race and ethnicity meeting the greater than 10 days out of school suspensions or expulsions and a student level file for children with disabilities which is aggregated into the 618 reporting. The two sets of data allow for the comparative analysis. Arkansas's minimum "n" size is two (2) and districts with fewer than two students with greater than 10 days of suspension/expulsion are excluded.

The State's special education benchmark for suspension/expulsion (s/e) rate is a three-year average difference between district rates for general education students as compared to children with disabilities greater than 10 days out-of-school suspension/expulsion. Districts are identified as having a significant difference if special education rates for the most recent year of data are more than 1.36 percentage points higher than the rate for general education students. The formula is presented below.

Formula: Suspension/expulsion rate for children with disabilities – Suspension/expulsion rate for general education students = Difference between Special Education & General Education students.

Provide additional information about this indicator (optional)

Indicator 4A uses data from the 2018/19 school year and COVID did not effect the data collection. The notice of required action for districts who had to complete the self-assessments went out just before schools went to remote learning.

All districts submitted the appropriate self-assessments for review to the M/PE section.

Review of Policies, Procedures, and Practices (completed in FFY 2019 using 2018-2019 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.

An LEA self-assessment tool was used for the review of policies, procedures, and practices. The self-assessment tool required a team approach and review of student level data for completion. The self-assessment can be accessed at <http://dese.ade.arkansas.gov/divisions/learning-services/special-education/monitoring-program-effectiveness/monitoring-procedures>. Within the self-assessment, questions range from parent notification of removal and timeline for manifestation meetings to functional behavioral assessments and behavioral intervention plans.

The staff of the Special Education MPE section reviewed the completed self-assessments and it was determined the one district had inappropriate policies, procedures, and practices. The one district was issued a noncompliance citation and was required to submit a corrective action plan (CAP).

The District submitted their CAP, which was reviewed and approved by the MPE section, and at this time part of the noncompliance has been cleared and the district is still within their one-year correction window.

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 Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

The one district is in their one-year correction window, monthly documentation has been received and reviewed by the MPE section of the DESE Special Education Unit. Based on updated data via desk audits or on-site visits and submitted documentation which includes public reporting of any revised policies, procedures, and practices, the one district has corrected part their noncompliance and the CAP remains open pending additional verification of correction.

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The state verified that the five districts issued noncompliance citations cleared their noncompliance as soon as possible and no later than the one-year window resulting in 100% compliance.

The MPE section verified the correction of noncompliance by reviewing the updated data, via desk audit or on-site, the required monthly documentation outlined in the corrective action plan, including outlining professional development activities (agendas and sign in sheets), progress on the implementation of PBIS, and the public reporting on any changes to their policies, procedures, and practice.

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

Each individual case of noncompliance was verified via desk audits or on-site audits of individual child IEP and meeting records. Additional IEPs were pulled for review to determine if systemic noncompliance was evident.

All individual noncompliance was corrected as soon as possible and no later than the one-year window.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY Required Actions

None

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

B. Percent of districts that have: (a) a significant discrepancy, 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 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 districts that meet the State-established n size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy 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 districts in the State that meet the State-established n 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 size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n size. If the State used a minimum n size requirement, report the number of districts 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 2019 SPP/APR, use data from 2018-2019), including data disaggregated by race and ethnicity to determine if significant discrepancies are occurring in the rates of long-term suspensions and expulsions 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

- The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

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

Indicator 4B: Provide the following: (a) the number of districts that met the State-established n size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) the number of those districts in which policies, procedures or practices contribute to the significant discrepancy 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 district with discrepancies had policies, procedures or practices that contributed to the significant discrepancy 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 the Office of Special Education Programs (OSEP) Memorandum 09-02, dated October 17, 2008.

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, etc.) 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 2019 SPP/APR, the data for 2018-2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	0.00%

FFY	2014	2015	2016	2017	2018
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	NVR	0.38%

Targets

FFY	2019
Target	0%

FFY 2019 SPP/APR Data

Has the state established a minimum n-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 size. Report the number of districts excluded from the calculation as a result of the requirement.

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Number of districts that have a significant discrepancy, by race or ethnicity	Number of those districts that have policies procedure, or practices that contribute to the significant discrepancy and do not comply with requirements	Number of Districts that met the State's minimum n-size	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
14	1	263	0.38%	0%	0.38%	Did Not Meet Target	No Slippage

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The measurement for 4B uses a percent difference calculation within the LEA. The calculation is the difference of a specific race for SWD with suspension/expulsion exceeding 10 days minus the percent of all general education students with suspension/expulsion exceeding 10 days within the LEA. The following criteria are applied after the percent difference is calculated:

- Special Education Child Count must have more than 40 students
- Special Education Child Count must have more than 10 students in a particular race/ethnicity

In 2018-2019, 19 programs were excluded because they have no comparative general education population.

In 2018-2019, other than the LEAs mentioned above, zero districts were excluded for identification because the child count was less than 40 students. A number of districts were excluded for a particular race/ethnicity because the child count had less than 10 students in a particular race/ethnicity. However, no district was excluded from all races.

Any district identified as having a percentage point difference greater than 4.00 (special education suspension/expulsion rate for a specific race is more than four percentage points higher than general education suspension/expulsion rate), and that is not excluded by the criteria above, is required to submit a self-assessment for the review of discipline policies, procedures, and practices

Provide additional information about this indicator (optional)

Indicator 4B uses data from the 2018-2019 school year and COVID did not affect the data collection. The notice of required action for districts who had to complete the self-assessments went out just before schools went to remote learning. All districts submitted the appropriate self-assessments for review to the MPE section.

Review of Policies, Procedures, and Practices (completed in FFY 2019 using 2018-2019 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.

Using the self-assessment tool, this past year Arkansas had one district identified as having inappropriate policies, procedures, and practices related to race within disciplinary actions. The self-assessment tool required a team approach and review of student level data for completion.

Each of the 14 LEAs which the State identified in 2018-2019 as having a Significant Discrepancy by Race/Ethnicity, completed a self-assessment of policies, procedures, and practices related to disciplinary actions. The State reviewed LEAs' self-assessments procedural safeguards related to discipline, functional behavior assessments, positive behavioral supports, and intervention planning as well as staff training. When necessary, districts were contacted for clarification and directed to resubmit. The State verified each LEA's self-assessment through desk audits and/or on-site visits to determine whether an LEA was in compliance with Part B requirements.

The review of policies, procedures, and practices resulted in one finding of noncompliance.

The Disproportionality Self-Assessment of District Policies, Procedures, and Practices is available on the special education website under Monitoring &

Program Effectiveness on the Monitoring Procedure page or <http://www.arkansased.gov/divisions/learning-services/special-education/monitoring-program-effectiveness/monitoring-procedures>

If an LEA fails to comply with any requests, the State Director of Special Education is notified for further action. Once the reviews are completed a letter is sent to the district superintendent and special education administrator of the district's compliance.

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 Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

To ensure compliance, the district is submitting monthly documentation which is being received and reviewed by the MPE section of the DESE-SEU.

The public reporting of revised policies, procedures, and/or practices, has been verified through the submission of school board minutes. Required monthly documentation from the district outlining their professional development activities (agendas and sign in sheets), progress on the implementation of PBIS, and public reporting of any changes to their policies, procedures, and practices which was submitted to the MPE section

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1		0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The state verified that the one district which was issued a noncompliance citation cleared their noncompliance as soon as possible and no later than the one-year window resulting in 100% compliance.

To ensure compliance, the district submitted updated data and monthly documentation which was received and reviewed by the MPE section of the DESE-SEU. Required monthly documentation from the district outlined their professional development activities (agendas and sign in sheets), progress on the implementation of PBIS, and public reporting of any changes to their policies, procedures, and practices which was submitted to the MPE section.

The public reporting of revised policies, procedures, and practices, has been verified via submitted documentation.

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

Each individual case of noncompliance was verified via desk audits or on-site audits of individual child IEP and meeting records. Additional IEPs were pulled for review to determine if systemic noncompliance was evident.

All individual noncompliance was corrected as soon as possible and no later than the one-year window.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

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

4B - Prior FFY Required Actions

None

4B - OSEP Response

4B- Required Actions

Indicator 5: Education Environments (children 6-21)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Education environments (children 6-21): Percent of children with IEPs 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 EDFacts file specification FS002.

Measurement

Percent = [(# of children with IEPs aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

Percent = [(# of children with IEPs aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

Percent = [(# of children with IEPs aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

Instructions

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

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	2014	2015	2016	2017	2018
A	2019	Target >=	55.93%	57.89%	59.85%	61.81%	63.77%
A	56.94%	Data	52.51%	52.68%	53.08%	53.34%	54.32%
B	2019	Target <=	13.62%	13.03%	12.64%	12.16%	12.00%
B	12.18%	Data	13.56%	13.55%	13.40%	13.15%	12.72%
C	2019	Target <=	2.53%	2.49%	2.46%	2.43%	2.40%
C	2.01%	Data	2.32%	2.35%	2.30%	2.14%	2.05%

Targets

FFY	2019
Target A >=	56.94%
Target B <=	12.18%
Target C <=	2.01%

Targets: Description of Stakeholder Input

The following was discussed with stakeholders, including the State Advisory Council, which recommended updating targets to reflect the child count changes. Additional target setting will be discussed as we move forward with the FFY 2020-2025 SPP/APR Package.

In FFY 2019, Arkansas began reporting five-year old kindergarten students in FS002-Children with Disabilities (IDEA) School Age. This reporting change affects the indicator baseline data and target. Therefore, the FFY 2019 data will become the new baseline year.

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	Total number of children with IEPs aged 6 through 21	66,339
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	37,774

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	8,078
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	c1. Number of children with IEPs aged 6 through 21 in separate schools	480
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	c2. Number of children with IEPs aged 6 through 21 in residential facilities	531
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements	321

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 2019 SPP/APR Data

Education Environments	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	37,774	66,339	54.32%	56.94%	56.94%	Met Target	No Slippage
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	8,078	66,339	12.72%	12.18%	12.18%	Met Target	No Slippage
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	1,332	66,339	2.05%	2.01%	2.01%	Met Target	No Slippage

Use a different calculation methodology (yes/no)

NO

Provide additional information about this indicator (optional)

Child count data is collected on December 1; therefore, COVID had no effect on this data.

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: Preschool environments: Percent of children aged 3 through 5 with IEPs 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.

(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 EDFacts file specification FS089.

Measurement

Percent = [(# of children aged 3 through 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 aged 3 through 5 with IEPs)] times 100.

Percent = [(# of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

Instructions

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

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.

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2014	2015	2016	2017	2018
A	2019	Target >=	31.99%	32.97%	33.95%	34.93%	35.94%
A	20.74%	Data	26.01%	25.76%	26.78%	28.17%	29.04%
B	2019	Target <=	30.78%	30.30%	29.83%	28.61%	26.65%
B	20.21%	Data	29.88%	31.57%	29.89%	27.27%	23.74%

Targets

FFY	2019
Target A >=	20.74%
Target B <=	20.21%

Targets: Description of Stakeholder Input

The following was discussed with stakeholders including the State Advisory Council which recommended updating targets to reflect the child count changes. Additional target setting will be discussed as we move forward with the FFY 2020-2025 SPP/APR Package.

In FFY 2019, Arkansas began reporting five-year old kindergarten students in FS002-Children with Disabilities (IDEA) School Age, thus removing them from FS089. This reporting change affects the indicator baseline data and target. Therefore, the FFY 2019 data will become the new baseline year.

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	Total number of children with IEPs aged 3 through 5	10,144
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	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	2,104

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	b1. Number of children attending separate special education class	122
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	b2. Number of children attending separate school	1,923
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	b3. Number of children attending residential facility	5

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 2019 SPP/APR Data

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2018 Data	FFY 2019 Target	FFY 2019 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	2,104	10,144	29.04%	20.74%	20.74%	Met Target	No Slippage
B. Separate special education class, separate school or residential facility	2,050	10,144	23.74%	20.21%	20.21%	Met Target	No Slippage

Use a different calculation methodology (yes/no)

NO

Provide additional information about this indicator (optional)

Child count data is collected in December 1; therefore, COVID had no effect on this data.

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 2 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	2014	2015	2016	2017	2018
A1	2008	Target >=	89.64%	90.12%	90.60%	91.08%	91.56%
A1	89.56%	Data	85.58%	84.99%	85.13%	84.39%	87.89%
A2	2008	Target >=	66.80%	67.28%	67.76%	68.24%	68.72%

A2	68.61%	Data	59.06%	59.76%	56.66%	57.89%	57.92%
B1	2008	Target >=	90.46%	90.64%	91.42%	91.90%	92.38%
B1	89.64%	Data	87.47%	86.39%	85.26%	85.98%	89.49%
B2	2008	Target >=	56.21%	57.19%	58.17%	59.64%	61.11%
B2	59.74%	Data	49.15%	49.22%	45.67%	45.68%	45.15%
C1	2008	Target >=	89.73%	90.21%	91.17%	91.65%	92.13%
C1	91.68%	Data	87.82%	85.73%	85.93%	86.59%	90.63%
C2	2008	Target >=	74.97%	73.99%	75.46%	76.93%	78.00%
C2	77.81%	Data	69.20%	69.62%	65.54%	64.97%	65.22%

Targets

FFY	2019
Target A1 >=	91.56%
Target A2 >=	68.72%
Target B1 >=	92.38%
Target B2 >=	61.11%
Target C1 >=	92.13%
Target C2 >=	78.40%

Targets: Description of Stakeholder Input

Arkansas' targets for Indicator 7: Preschool Outcomes is based on a trend analysis which revealed the rates for all six sub-indicators remained consistent, within one or two percentage points of the baseline year. The results of the analysis were discussed with stakeholders and new targets were set using ¼ to ¾ of a standard deviation. Targets for A1, A2, and B1 were set using ± ¼ of a standard deviation while B2, C1, and C2 uses ± ½ of a standard deviation.

FFY 2019 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

5,281

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	21	0.40%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	415	7.86%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,483	28.08%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,940	36.74%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,422	26.93%

Outcome A	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 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 or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	3,423	3,859	87.89%	91.56%	88.70%	Did Not Meet Target	No Slippage
A2. The percent of preschool children who were	3,362	5,281	57.92%	68.72%	63.66%	Did Not Meet Target	No Slippage

Outcome A	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
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>							

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	21	0.40%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	486	9.20%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,225	42.13%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,110	39.95%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	439	8.31%

Outcome B	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 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>	4,335	4,842	89.49%	92.38%	89.53%	Did Not Meet Target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,549	5,281	45.15%	61.11%	48.27%	Did Not Meet Target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	15	0.28%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	325	6.15%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,235	23.39%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,074	39.27%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,632	30.90%

Outcome C	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 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	3,309	3,649	90.63%	92.13%	90.68%	Did Not Meet Target	No Slippage

Outcome C	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>							
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>	3,706	5,281	65.22%	78.40%	70.18%	Did Not Meet Target	No Slippage

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The data collection is based on a census of all children with IEPs who had both entry and exit COS scores and exited early childhood special education because they no longer required services, were kindergarten eligible, or the parents withdrew consent for services, and the children received at least six months of services. Early childhood programs are permitted to use various assessment instruments, but they must use the child outcomes summary (COS) form and utilize a team approach, which includes the parents, for determining a child's entry and/or exit scores for each outcome area. In the 2016-2017 school year, the COS was integrated into the IEP process and was fully implemented in the 2017-2018 school year.

The data set is submitted to the State each June and LEAs have the opportunity to review and verify the data each September prior to its use in federal reporting.

Provide additional information about this indicator (optional)

While COVID effected completing some exit scores, all early childhood programs were able to complete the process in-person or via remote conferencing and finalized all data for the initial submission or during the review period to meet reporting requirements.

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 2 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.

Include the State's analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services. States should consider categories such as race and ethnicity, age of the student, disability category, and geographic location in the State.

If the analysis shows that the demographics of the 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

Arkansas' targets for Indicator 8: Family Involvement is based on a trend analysis which revealed the rates for preschool have fluctuated between 1-3 percentage points over the past few years which is similar to the school age rates. This analysis was presented to stakeholders and is keeping in line with setting other indicator targets. The early childhood targets were set to increase by ½ of a standard deviation while school age targets were set to increase by ¼ of a standard deviation. With stakeholder input we will be holding the target steady for FFY 2019.

Historical Data

Group	Baseline	FFY	2014	2015	2016	2017	2018
Preschool	2005	Target >=	90.92%	91.90%	92.88%	93.86%	94.84%
Preschool	82.92%	Data	92.03%	91.18%	92.32%	92.26%	93.83%
School age	2005	Target >=	94.53%	95.01%	95.49%	95.97%	96.45%
School age	95.35%	Data	95.63%	93.45%	93.18%	95.45%	95.82%

Targets

FFY	2019
Target A >=	94.84%
Target B >=	96.45%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
Preschool	2,574	2,825	93.83%	94.84%	91.12%	Did Not Meet Target	Slippage
School age	14,322	14,838	95.82%	96.45%	96.52%	Met Target	No Slippage

Provide reasons for slippage, if applicable

The response rate collectively was down for both Early Childhood and School Age Family Surveys.

While the exact reason for the decline in the preschool agreement rate is unclear, the one thing that is clear is that COVID had an effect on this indicator. It was harder to locate families so the surveys could be completed either online, by phone, or via mail. The number of surveys returned was significantly lower. Some ratings were probably the reflection of trying to access services while most private preschools and daycares closed completely due to COVID, making it difficult on families to provide access to their children and limiting the online services. Most families were not ready to become their child's education coach in conjunction with teachers and therapists. The Governor's office tried to offset some of these challenges by offering extra funding to preschools and daycares, which remained open so parents could return to work.

The number of parents to whom the surveys were distributed.

76,483

Percentage of respondent parents

23.09%

Sampling Question	Yes / No
Was sampling used?	NO

Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO
The demographics of the parents responding are representative of the demographics of children receiving special education services.	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.

Arkansas will continue to train LEAs on the preparation, collection, and submission of the family surveys. Each February the IDEA Data & Research Office, in its newsletter, reminds LEAs that they are required to (1) offer every child's parent/guardian the opportunity to participate in the survey; and (2) submit the survey data to the DESE-SEU no later than July 15th. The newsletter provides strategies for improving response rates along with instructions on how to complete the surveys online via a secure website or by mailing all completed scan forms to the IDEA Data & Research Office for scanning.

Most LEAs offer the survey to families at Annual Review meetings. Since most meetings were being conducted virtually, due to COVID, IDEA Data & Research provided documents LEAs could share with families on how to complete the survey online. The instructions were available in English and Spanish, the same as the surveys.

The DESE-SEU monthly technical assistance calls with LEAs will include the family surveys as a topic in the Spring of 2021. Further, the DESE-SEU has fully implemented, in the required paperwork, a place for districts to document parent/guardian opportunity to participate in the family survey.

Include the State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

The number of responding parents/guardians decreased in 2019-2020 for school age and early childhood programs. Due to the COVID pandemic the state required the closure of school buildings and moving to online meetings. Due to these necessary state mandates, the COVID pandemic had a significant impact on the response rate.

The early childhood response rate fell by 26% and the school age response declined by 30%. Representativeness of the respondents shows some racial/ethnic groups and disabilities remain under-represented when compared to December 1, 2019 child count. Part of the under-representation is associated with race/ethnic group and/or disability category not being marked on the surveys by the respondents.

Overall, families of children with disabilities (CWD) ages 3-21, who responded to the survey, are under representative of the December 1 child count for 2019-20 by race/ethnicity. Using a +/- 3% as the criteria to identify over- or under-representativeness, families of CWD in early childhood programs are representative. Families of CWD in school age programs are significantly under-represented in Black and Hispanic. It should be noted that 13.88% of respondents failed to indicate the child's racial/ethnic and/or disability group.

Early Childhood

The 2019-20 representativeness by race and disability reflects a marked improvement; however, using the +/- 3% criteria, no racial/ethnic groups are under- or over-represented. However, in the area of disability, Black and White are under-represented in developmental delay. It should be noted that

4.21% of the survey respondents did not indicate the race and/or disability. The relative difference of child count demographics to early childhood respondents continues to show improvement from the previous years. Even with improved representativeness there is a need for continual training on the preparation, collection, and submission of the family surveys.

School Age

The 2019-20 representativeness by race and disability using the +/- 3% criteria, reveals no racial/ethnic groups are under- or over-represented by disability. Collectively, Black (-3.06%) and Hispanic (-5.80%) families are underrepresented in the response rate and 9.67% of the survey respondents did not indicate the race and/or disability of their child.

Even with improved representativeness and response rates, there is a need for continual training on the preparation, collection, and submission of the family surveys.

Provide additional information about this indicator (optional)

COVID affected this Indicator due to limited access to students and families. Most LEAs offer the survey to families at Annual Review meetings. Since most meetings were being conducted virtually due to COVID, IDEA Data & Research provided documents LEAs could share with families on how to complete the survey online. The instructions were available in English and Spanish, the same as the surveys.

8 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 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 demographics of the parents responding are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2018 SPP/APR

8 - OSEP Response

8 - Required Actions

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 FFY 2018, 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, etc. 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 2019 reporting period (i.e., after June 30, 2020).

Instructions

Provide racial/ethnic disproportionality data for all children aged 6 through 21 served under IDEA, aggregated across all disability categories.

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 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, etc.) 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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2016	0.00%

FFY	2014	2015	2016	2017	2018
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2019
Target	0%

FFY 2019 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.

19

Number of districts with disproportionate representation of racial and ethnic groups in special education and related services	Number of districts with disproportionate representation of racial and 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-size	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
6	0	263	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).

The calculation is a single year event (one-year of data) utilizing a risk ratio and alternate risk ratio methodology with a minimum cell size of 5, n size of 15, and a risk ratio threshold of greater than 3.00. Alternate risk ratio is calculated if the comparison group does not meet the minimum cell or n size.

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.

Using the self-assessment tool, this past year Arkansas had zero districts identified as having inappropriate policies, procedures, and practices related to race in the area of identification. The self-assessment tool required a team approach and review of student level data for completion.

Each of the 6 LEAs which the State identified in 2019-2020 as having a disproportionate representation in the area of identification, completed a self-assessment of policies, procedures, and practices related to child find/evaluation/reevaluation/eligibility determination. The State reviewed LEAs' self-assessments related to child find/evaluation/reevaluation/eligibility determination. The State verified each LEA's self-assessment through desk audits and/or on-site visits to determine whether an LEA was in compliance with Part B requirements. When necessary, districts were contacted for clarification and directed to resubmit.

The review of policies, procedures, and practices resulted in zero findings of noncompliance.

The Disproportionality Self-Assessment of District Policies, Procedures, and Practices is available on the special education website under Monitoring & Program Effectiveness on the Monitoring Procedure page or <http://www.arkansased.gov/divisions/learning-services/special-education/monitoring-program-effectiveness/monitoring-procedures>.

If an LEA fails to comply with any requests, the State Director of Special Education is notified for further action. Once the reviews are completed, a letter is sent to the district superintendent and special education administrator of the district's compliance.

Provide additional information about this indicator (optional)

The 15 educational cooperatives operate early childhood special education programs, the Arkansas School for the Deaf, the Arkansas School for the Blind, and the other two state agencies which are a human development center and adult corrections, have no comparative general education/enrollment data available; therefore they are excluded from the calculation.

Additionally, COVID had no affect on this indicator.

Correction of Findings of Noncompliance Identified in FFY 2018

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

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 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 618 data for FFY 2019, 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, etc. 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 2019 reporting period (i.e., after June 30, 2020).

Instructions

Provide racial/ethnic disproportionality data for all children aged 6 through 21 served under IDEA, aggregated across all disability categories.

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 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, etc.) 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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2016	0.00%

FFY	2014	2015	2016	2017	2018
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2019
Target	0%

FFY 2019 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.

19

Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification	Number of Districts that met the State's minimum n-size	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
72	0	263	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).

The calculation is a single year event (one-year of data) utilizing a risk ratio or alternate risk ratio methodology with a minimum cell size of 5, n size of 15, and a risk ratio threshold of greater than 3.00. Alternate risk ratio is calculated if the comparison group does not meet the minimum cell or n size.

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.

Using the self-assessment tool, this past year Arkansas had zero districts identified as having inappropriate policies, procedures, and practices related to race in the area of identification. The self-assessment tool required a team approach and review of student level data for completion.

Each of the 72 LEAs that the State identified in 2019-2020 as having a disproportionate representation in the area of identification completed a self-assessment of policies, procedures, and practices related to child find/evaluation/reevaluation/eligibility determination. The State reviewed LEAs' self-assessments related to child find/evaluation/reevaluation/eligibility determination. The State verified each LEA's self-assessment through desk audits and/or on-site visits to determine whether an LEA was in compliance with Part B requirements. When necessary, districts were contacted for clarification and directed to resubmit.

The review of policies, procedures, and practices resulted in zero findings of noncompliance.

The Disproportionality Self-Assessment of District Policies, Procedures, and Practices is available on the special education website under Monitoring & Program Effectiveness on the Monitoring Procedure page or <http://www.arkansased.gov/divisions/learning-services/special-education/monitoring-program-effectiveness/monitoring-procedures>

If an LEA fails to comply with any requests, the State Director of Special Education is notified for further action. Once the reviews are completed, a letter is sent to the district superintendent and special education administrator of the district's compliance.

Provide additional information about this indicator (optional)

The 15 educational cooperatives operate early childhood special education programs, the Arkansas School for the Deaf, the Arkansas School for the Blind, and the other two state agencies which are a human development center and adult corrections, have no comparative general education/enrollment data available; therefore they are excluded from the calculation.

Additionally, COVID had no affect on this indicator

Correction of Findings of Noncompliance Identified in FFY 2018

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

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 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 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, etc.) 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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	91.91%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.57%	99.59%	99.75%	99.54%	99.75%

Targets

FFY	2019
Target	100%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
16,007	15,961	99.75%	100%	99.71%	Did Not Meet Target	No Slippage

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

46

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.

In 2019-2020, there were 16,007 children with parental consent to evaluate who were evaluated. The number of children evaluated within 60 days (or State-established timeline) was 15,961 (99.71%), .04% percentage points below the 2018-2019 rate of 99.75%.

Of the 16,007 children, 3,297 (20.60%) were determined not eligible, while 11,075 (69.19%) were determined eligible. The remaining 10.21% did not have eligibility determined by the time of the data collection for various reasons, including pending meetings and parent/guardian availability due to COVID limitations, the family moved out of district, or withdrawn consent.

A verification of the 17 LEAs, which the 46 children represent revealed 27 (58.69%) were determined eligible and 16 (34.78%) were found not eligible. The other three referrals did not reveal the eligibility status since the family moved or parents refused services.

The number of days beyond the 60-day timeline varied from 1 to 124 days for students who were later found not eligible and 1 to 60 days for students found eligible. A root cause analysis of this indicator continues to identify two key issues: (1) LEA team errors such as timeline calculations, and (2) availability of contracted evaluators. Arkansas regulations do not provide any exceptions for weekends, holidays, or school breaks including summer. State timelines are based on calendar days, not business days. Further analysis of this issue revealed timelines were often exceeded as a result of these non-school periods. In addition, Arkansas has many small districts which utilize contracted services. In discussions with LEAs, the ADE-SEU has recommended (1) a contractual statement which would address the contractor's responsibility related to timelines and repercussions when timelines are missed and (2) the exploration of using fewer contracted evaluators by partnering with other LEAs to hire staff jointly.

Additionally, on December 30, 2020, using current year data from the statewide student management system, verification of the correction of noncompliance for the 17 LEAs yielded zero districts with recurring noncompliance.

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 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.

Data Collection: There are two different data collection systems for special education. First, there is the Arkansas Department of Education's student management system managed by the Arkansas Public School Computer Network (APSCN) which is utilized by the school districts, charter schools, and educational cooperatives. The second data system is Special Education's MySped Resource web-based application which is utilized by other state agencies offering educational services such as the Department of Human Services Division of Developmental Disabilities Services (DDS) and Arkansas Department of Corrections (ADC).

The end of year data collection is to be submitted to the state information system (SIS) by midnight June 15th. Districts with schools operating year round buildings have until June 30th to submit the year end data. .

Preparation for data transfer from the SIS warehouse to special education includes the data and reporting office in DESE's Research and Technology Division forwarding the data files to the DESE Special Education Unit's technology manager by July 15th. Between July 15th and August 15th the special education database administrator prepares and loads the entire end of school year student level data (SIS and MySped Resource) into the special education data warehouse. The preparation includes ensuring all districts are represented in the data set and that no required fields (e.g. disability code) in the various data tables are blank, which would cause the upload to fail. The data sets include school age exits, discipline, early childhood exits, early childhood outcomes, early intervening services, and referral tracking. The IDEA Data & Research Office staff preliminary analysis of data errors is completed by August 31st and LEAs review and correct data errors between September 1st and September 30th.

Data Cleaning, Clarification, and Follow-up (September 1 through November 30): Each LEA can review data error reports via MySped Resource. The error reports are dynamic and contain student information. As errors are corrected the student is removed from the report. The IDEA Data & Research Office staff continue to run error checks throughout the cycle review period (September 1-30) to ensure LEAs are reviewing their data and making corrections prior to the September 30th deadline.

Once the cycle review period is complete, referral records are checked for missing data (i.e. dates or reason for exceeding timelines) related to timely evaluation (Indicator 11) and early childhood transition (Indicator 12) one final time. Any LEA found to still have missing data elements is contacted via phone to finalize the data. Failure to provide evidence of data error corrections (i.e. the missing data) by November 1st may result in a LEA being cited for Timely and Accurate Reporting.

The referral tracking data reviewed by the IDEA Data & Research Office staff begins October 1 and is checked for the following errors:

*Referral Date Exceeds FY

*Age of student is not within acceptable parameters (younger than 2 or older than 21)

*Inconsistent timeline: expected chronological order (referral->initial parental consent->evaluation->eligibility determined->parental consent to place) is not observed

*Process continued without initial parental consent

*60 day consent to evaluation completion timeline exceeded with no reason recorded

*Evaluation was completed but no eligibility determination date was recorded

*30 day evaluation to eligibility determination timeline exceeded with no reason recorded

*Indication of placement in special education without a date of parental consent to place recorded

*Indication of placement in special education without an evaluation completion date recorded

*Indication of placement in special education without an eligibility determination date recorded

*Record completed with a reason of "not eligible" with no eligibility determination date recorded

*Special education placement inconsistent (record indicates the student was not placed yet the completion reason is "SP" or record indicates student was placed yet the completion reason is "NE")

*Referral process incomplete

Identification of Non-compliance: Prior to calculation of Indicators 11 and 12 for the APR in October/November, referral records exceeding the 60 day evaluation timeline for which a code of "other" was recorded are closely examined to determine if they meet exclusionary criteria. If further clarification is necessary, LEA supervisors are contacted via phone or email. For compliance of State regulations this process is also applied to the 30 day eligibility determination timeline.

Further, failure of an LEA to submit referral data, without prior notification that they had zero referrals for the year, results in an automatic 0% LEA rate for the related indicator(s). Missing data which prohibits the calculation of a record is considered a missed timeline since verification of timeliness cannot be made. This results in the elevation of the record being "flagged" for noncompliance.

Verification of Services and Correction: The referral tracking data captures eligibility determination date, placement to special education (y/n) and parent consent to place date, thus allowing verification of the whole process. If these data elements are missing, the IDEA Data & Research Office staff reviews the APSCN special education modules and/or the MySped Resource DDS Application to verify that students who had their evaluation timelines exceed 60 day were evaluated, had eligibility determined, and had an IEP developed when found to be eligible.

Verification of correction of noncompliance is further conducted by reviewing the referral tracking data for the current school year. Referrals already entered into the student management system are reviewed to determine if the LEA is currently in compliance. If correction of noncompliance cannot be verified, the records are elevated from a "flag" to a "red flag" and the information is sent to the State Director of Special Education for further action.

Provide additional information about this indicator (optional)

Although COVID has had its effect on special education referrals, the affect is not reflected in the indicator data. Arkansas allows for the extension of timelines beyond the 60 days when it is at the family request or the family does not make the child available.

Arkansas saw a decrease in the number of referrals received for the 2019-20 school year; approximately 2100 lower than 2018-19. Early childhood saw a decline of 600 referrals and school age was down by 1500 referrals. Additionally, more families declined participation in the referral process.

Correction of Findings of Noncompliance Identified in FFY 2018

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 2018 Findings of Noncompliance Verified as Corrected

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

The DESE-SEU verified that each of the 14 LEAs with findings in FFY 2018 is correctly implementing the specific regulatory requirements.

The verification process included desk audits and/or on-site monitoring, and the review of the special education modules of the student management system. Through the student management system, desk audits, and/or on-site monitoring, late initial evaluations were verified to have been completed and an IEP implemented if the child was eligible, unless the child was no longer within the jurisdiction of the LEA.

Further review of the student management system examined current year referrals to verify that each LEA is correctly implementing the regulatory requirements. The State will continue to implement and refine verification protocols to ensure LEA compliance with the requirements in 34 CFR §300.301(c)(1), including correction of noncompliance.

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

The State has verified, by reviewing the special education modules of the student management system, that each of the 14 LEAs with findings in FFY 2018 is correctly implementing the specific regulatory requirements.

The State has verified through the student management system that initial evaluations, although late, were completed and an IEP implemented if the child was eligible, unless the child was no longer within the jurisdiction of the LEA. Further review of the student management system examined current year referrals to verify if a systemic issue existed. The IDEA Data & Research staff reviewed records in December 2020 via the student management system and found no further noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

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.

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.

Targets must be 100%.

Provide detailed information about the timely correction of 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, etc.) 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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	75.91%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	98.70%	98.16%	100.00%	100.00%	95.24%

Targets

FFY	2019
Target	100%

FFY 2019 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	89
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	7

c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	65
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.	13
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	4
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 2018 Data	FFY 2019 Target	FFY 2019 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.	65	65	95.24%	100%	100.00%	Met 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
0

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.

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.

Data Collection: Arkansas has a single student management system utilized by all school districts, charter schools, and educational cooperatives.

The end of year data collection is to be submitted to the state information system (SIS) by midnight June 15th. Districts with schools operating year round buildings have until June 30th to submit the year end data.

Preparation for data transfer from the SIS warehouse to special education includes the data and reporting office in DESE's Research and Technology Division forwarding the data files to the DESE Special Education Unit's technology manager by July 15th. Between July 15th and August 15th the special education database administrator prepares and loads the entire end of school year student level data (SIS and MySped Resource) into the special education data warehouse. The preparation includes ensuring all districts are represented in the data set and that no required fields (e.g. disability code) in the various data tables are blank, which would cause the upload to fail. The data sets include school age exits, discipline, early childhood exits, early childhood outcomes, early intervening services, and referral tracking. The IDEA Data & Research Office staff preliminary analysis of data errors is completed by August 31st and LEAs review and correct data errors between September 1st and September 30th.

Data Cleaning, Clarification, and Follow-up (September 1 through November 30): Each LEA can review data error reports via MySped Resource. The error reports are dynamic and contain student information. As errors are corrected the student is removed from the report. The IDEA Data & Research Office staff continue to run error checks throughout the cycle review period (September 1-30) to ensure LEAs are reviewing their data and making corrections prior to the September 30th deadline.

Once the cycle review period is complete, referral records are checked for missing data (i.e. dates or reason for exceeding timelines) related to timely evaluation (Indicator 11) and early childhood transition (Indicator 12) one final time. Any LEA found to still have missing data elements is contacted via phone to finalize the data. Failure to provide evidence of data error corrections (i.e. the missing data) by November 1st may result in a LEA being cited for Timely and Accurate Reporting.

The referral tracking data reviewed by the IDEA Data & Research Office staff begins October 1 and is checked for the following errors:

*Referral Date Exceeds FY

*Age of student is not within acceptable parameters (younger than 2 or older than 21)

*Inconsistent timeline: expected chronological order (referral->initial parental consent->evaluation->eligibility determined->parental consent to place) is not observed

*Process continued without initial parental consent

*60 day consent to evaluation completion timeline exceeded with no reason recorded

*Evaluation was completed but no eligibility determination date was recorded

*30 day evaluation to eligibility determination timeline exceeded with no reason recorded

*Indication of placement in special education without a date of parental consent to place recorded

*Indication of placement in special education without an evaluation completion date recorded

*Indication of placement in special education without an eligibility determination date recorded

*Record completed with a reason of "not eligible" with no eligibility determination date recorded

*Special education placement inconsistent (record indicates the student was not placed yet the completion reason is "SP" or record indicates student was placed yet the completion reason is "NE")

*Referral process incomplete

Specific to Indicator 12 records flagged as being a “Part C to Part B transition” or C to B concurrent record are further checked for:

* Eligibility determination occurred after the child’s third birthday (exceeding timelines) and no reason was recorded

Identification of Non-compliance: Prior to calculation of Indicators 11 and 12 for the APR in October/November, referral records exceeding the 60 day evaluation timeline for which a code of “other” was recorded are closely examined to determine if they meet exclusionary criteria. If further clarification is necessary, LEA supervisors are contacted via phone or email. For compliance of State regulations this process is also applied to the 30 day eligibility determination timeline.

Further, failure of an LEA to submit referral data, without prior notification that they had zero referrals for the year, results in an automatic 0% LEA rate for the related indicator(s). Missing data which prohibits the calculation of a record is considered a missed timeline since verification of timeliness cannot be made. This results in the elevation of the record being “flagged” for noncompliance.

Verification of Services and Correction: The referral tracking data captures eligibility determination date, placement to special education (y/n) and parent consent to place date, thus allowing verification of the whole process. If these data elements are missing, the IDEA Data & Research Office staff reviews the APSCN special education modules and/or the MySped Resource DDS Application to verify that students who had their evaluation timelines exceed 60 day were evaluated, had eligibility determined, and had an IEP developed when found to be eligible.

Verification of correction of noncompliance is further conducted by reviewing the referral tracking data for the current school year. Referrals already entered into the student management system are reviewed to determine if the LEA is currently in compliance. If correction of noncompliance cannot be verified, the records are elevated from a “flag” to a “red flag” and the information is sent to the State Director of Special Education for further action.

Provide additional information about this indicator (optional)

Although COVID has had some effect on special education C to B referrals the majority had eligibility determined prior to the third birthday. The number of referrals received was lower than previous years and more families refused to participate in the referral process.

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1		0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The interagency agreement which the program operated under was mutually terminated on June 30, 2019; therefore, no new records could be examined for further noncompliance.

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

The State verified that the four children whose eligibility was not determined prior to their third birthday had evaluations and eligibility determination completed. All children were found eligible and the delay ranged from 6 to 33 days beyond the third birthday. The reasons for the delays were due to the evaluation team.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

12 - Prior FFY Required Actions

None

12 - OSEP Response

12 - Required Actions

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Secondary transition: 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 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 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 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, etc.) 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 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	96.34%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	98.87%	96.41%	98.85%	NVR	80.54%

Targets

FFY	2019
Target	100%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
181	254	80.54%	100%	71.26%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Slippage is identified for this indicator. The 254 IEPs reviewed represent 63 LEAs monitored for secondary transition compliance. Of which 36 LEAs were found to have components missing from student transition plans (73 IEPs). Thirty-four (34) LEAs corrected the individual non-compliance prior to letter of findings being issued. The two LEAs (5 IEPs) with findings, submitted and implemented corrective action plans (CAPs). The MPE section has approved the plans and through a review of evidence has cleared the non-compliance.

An examination of the on-site monitoring and the self-monitoring data submitted by LEAs revealed that LEAs failed to indicate that the secondary transition plans included appropriate post-secondary goals in the areas of training, education, employment and where appropriate, independent living. Most noncompliance was in one or more of these areas. In the area of independent living, often when the goal was not applicable, the LEA indicated N instead of N/A.

The State's Secondary Transition Consultants work closely with all LEAs to ensure they understand the secondary transition process, requirements, and the Indicator 13 Checklist which is built into the monitoring procedures.

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.

As part of Arkansas' monitoring and general supervision system, the MPE Section has oversight of special education programs in the State's public schools and co-ops. The MPE Section, in conjunction with the Non-Traditional Section, also oversees the implementation of special education programs in the State's open-enrollment charter schools, State-operated and State-supported facilities and institutions, Juvenile Detention Facilities and DHS-Division of Youth Services (DYS) juvenile treatment centers, and private agencies and residential sites located throughout the state.

Beginning no later than the first IEP to be in effect when an Arkansas youth with an IEP is 16, appropriate measurable post-secondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills and the transition services (including courses of study) needed to assist the child in reaching these goals are developed.

The monitoring process includes on-site and LEA self-monitoring, a review of IEPs to ascertain a program's status with regard to secondary transition plans. Arkansas utilizes the Indicator 13 checklist, developed by the National Secondary Transition Technical Assistance Center (NSTTAC), in its monitoring procedures to ensure the transition components are present in every students' IEP aged 16-21. The data is collected via an electronic monitoring form completed by the SEA staff and/or LEA staff. In conjunction with IDEA Data & Research, the Indicator 13 checklist aligned data elements are then reviewed and counts are compiled for the indicator.

Furthermore, in applying the two prong requirement of OSEP Memo 09-02, if an IEP is found to be non-compliant and correction does not occur prior to issuing a letter of findings, the district is cited for noncompliance and must submit a corrective action plan (CAP) to the DESE-SEU.

Arkansas is participating in an intensive TA project through National Technical Assistance Center on Transition (NTACT) that involves DESE-SEU staff, Arkansas Transition Services, Arkansas Rehabilitation Services, Career and Technical Education, and local district partners. Goals and activities are designed to improve secondary transition services, drop out, graduation and post school outcomes.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	NO

Provide additional information about this indicator (optional)

Monitoring was completed prior to COVID building closures; however, some correction of noncompliance, although within the one-year window, was delayed due to child, family, and agency availability. COVID also affected the training and technical assistance schedule of the State's Secondary Transition Consultants as they worked to convert to a virtual process.

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The State verified that the one finding of noncompliance from FFY 2018 was corrected as soon as possible, but in no case later than one year from identification. A review of policy, procedures, and practices for each LEA with identified noncompliance was conducted to ensure that the specific regulatory requirements were being correctly implemented.

The DESE-SEU MPE Section verified the correction of noncompliance via desk audits of LEA submitted documentation and/or on-site visits to the LEAs in question. Documentation obtained from on-site monitoring visits and/or desk audits confirmed that all individual student files had been corrected in less than one year, unless the student was no longer within the jurisdiction of the LEA. The MPE staff verified the LEA was correctly implementing the regulatory requirements through the review of additional student records during on-site or virtual visits. Therefore, based on desk audits of documentation submitted by the LEA, and/or on-site visits to the LEAs it was determined that the three IEPs determined to be out of compliance had been corrected within the one year timeline and the review of updated data verified 100% compliance.

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

The DESE-SEU MPE Section verified the correction of noncompliance via desk audits of LEA submitted documentation and/or on-site visits to the LEAs in question. Documentation obtained from on-site monitoring visits and/or desk audits confirmed that all individual student files had been corrected in less than one year, unless the student was no longer within the jurisdiction of the LEA. The MPE staff verified the LEA was correctly implementing the regulatory requirements through the review of additional student records during on-site visits. Therefore, based on desk audits of documentation

submitted by the LEA, and/or on-site visits to the LEAs it was determined that the three IEPs determined to be out of compliance had been corrected within the one year timeline and the review of updated data verified 100% compliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

13 - Prior FFY Required Actions

None

13 - OSEP Response

13 - Required Actions

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Results indicator: Post-school outcomes: Percent 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.

Enrolled in higher education or competitively employed within one year of leaving high school.

Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

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

Data Source

State selected data source.

Measurement

A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

Instructions

Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 2 for additional instructions on sampling.)

Collect data by September 2020 on students who left school during 2018-2019, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2018-2019 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” in the FFY 2019 SPP/APR, due February 2021:

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, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). 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, etc.).

II. Data Reporting

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.

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 should consider categories such as race and ethnicity, disability category, and geographic location in the State.

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	2014	2015	2016	2017	2018
A	2009	Target >=	13.84%	14.33%	14.82%	15.31%	15.80%
A	12.86%	Data	24.64%	11.80%	17.92%	10.53%	11.78%
B	2009	Target >=	49.53%	50.02%	50.51%	51.00%	51.49%
B	48.55%	Data	51.66%	24.11%	44.32%	50.19%	25.93%
C	2009	Target >=	60.14%	60.92%	61.70%	62.48%	63.26%
C	59.34%	Data	63.03%	51.26%	52.02%	54.89%	51.35%

FFY 2019 Targets

FFY	2019
Target A >=	15.80%
Target B >=	51.49%
Target C >=	63.26%

Targets: Description of Stakeholder Input

Arkansas' targets for Indicator 14: Post-school Outcomes are based on a trend analysis which revealed minimal changes from year to year. The SPP/APR stakeholders including the state advisory council, were informed of the trend analysis and discussed collection methods, representativeness, and target setting. Noting the trend rates, the decision was made to establish a growth rate of $\frac{1}{4}$ of one standard deviation (0.49) for Indicators 14A and 14B. Indicator 14C, targets were selected for 2013 and 2018, creating an equitable annual growth rate of 0.78 percentage points across the SPP/APR years. In discussion with stakeholders, a decision was reached to hold the FFY 2019 target steady and the targets will be re-evaluated with the new SPP/APR packet.

FFY 2019 SPP/APR Data

Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	679
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	74
2. Number of respondent youth who competitively employed within one year of leaving high school	211
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)	44
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).	0

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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. Enrolled in higher education (1)	74	679	11.78%	15.80%	10.90%	Did Not Meet Target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	285	679	25.93%	51.49%	41.97%	Did Not Meet 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)	329	679	51.35%	63.26%	48.45%	Did Not Meet Target	Slippage

Part	Reasons for slippage, if applicable
C	In 2019/20, there were more students reported as being in other types of post-secondary programs, than higher education. Between the two data collections, a higher number of students were in some other type of post-secondary education. There is a higher number of students not engaged. Part of that non-engagement has to do with the closure of businesses, schools, and training programs due to COVID.

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.

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously-approved sampling plan changed?	NO
Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO

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.

A ± of 3.00 percentage points is used to determine demographic over- or under-representation. Arkansas analyzes the PSO data for representativeness in the areas of race/ethnicity, disability category, and exit reason. The collected data for FFY 2019 is representative.

Arkansas conducts a dual data collection, phone survey and administrative data mine. The administrative data mining includes data from the Arkansas Division of Higher Education, the Division of Workforce Services, Arkansas Rehabilitation Services, and Adult Education. Arkansas will continue to work with other state agencies to improve the data mining process. By expanding the number of agencies participating in the collection the representativeness should improve. The DESE has established data sharing agreements for the data collection with the agencies mentioned above. The DESE will continue exploring other agencies which could provide data for this indicator.

Question	Yes / No
Are the response data representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school?	YES

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether the FFY 2019 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, 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 youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2018 SPP/APR

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

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

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 baseline 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, targets and improvement activities, 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 not used

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/04/2020	3.1 Number of resolution sessions	21
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/04/2020	3.1(a) Number resolution sessions resolved through settlement agreements	14

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.

YES

Provide an explanation below.

In preparing the APR, it was discovered that resolution session data provided for the November submission was incorrect.

In Section 3.1, which Arkansas reported 21 resolutions sessions; however, it should have been 15 since 6 resolution sessions were never held due to 3 withdrawals prior to the meeting and 3 going directly to a hearings.

We have since reviewed the reporting requirements with the dispute resolution section to insure correct reporting for 2020/21 .

The EMAPS file will be updated when it opens in May 2021.

Targets: Description of Stakeholder Input

Arkansas' targets for Indicator 15: Resolution Sessions is based on a trend analysis which revealed wide variations across the years. This information was shared with stakeholders and the State Advisory Council as part of the discussion for setting new targets. The decision was made to continue using one standard deviation as a growth model for this indicator. However, we will be holding the FFY 2019 target at the same level of FFY 2018.

Historical Data

Baseline Year	Baseline Data
2005	50.00%

FFY	2014	2015	2016	2017	2018
Target >=	58.92%	60.88%	62.84%	64.80%	66.76%
Data	3.45%	2.70%	12.50%	55.56%	78.26%

Targets

FFY	2019
Target >=	66.76%

FFY 2019 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
14	15	78.26%	66.76%	93.33%	Met Target	No Slippage

Provide additional information about this indicator (optional)

COVID had no effect on this indicator

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = (2.1(a)(i) + 2.1(b)(ii)) 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 baseline 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, targets and improvement activities, 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 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1 Mediations held	19
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.a.i Mediations agreements related to due process complaints	0
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.b.i Mediations agreements not related to due process complaints	19

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

Arkansas' targets for Indicator 16: Mediation is based on a trend analysis which revealed wide variations across the years. This information was shared with stakeholders and the State Advisory Council as part of the discussion for setting new targets. The decision was made to continue using one standard deviation as a growth model for this indicator and to hold the target steady for FFY 2019.

Historical Data

Baseline Year	Baseline Data
2005	52.00%

FFY	2014	2015	2016	2017	2018
Target >=	75.56%	77.52%	79.48%	81.44%	83.40%
Data	100.00%	92.31%	100.00%	93.55%	100.00%

Targets

FFY	2019
Target >=	83.40%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
0	19	19	100.00%	83.40%	100.00%	Met Target	No Slippage

Provide additional information about this indicator (optional)

COVID had no impact on this indicator.

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

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:

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:

Title:

Email:

Phone:

Submitted on: