# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on**
**FFY 2023**

## Arkansas

**PART B DUE February 3, 2025**

**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 2023-2024 school year, Arkansas' educational system included 257 school districts and open-enrollment charter schools, three state agencies (the Arkansas School for the Blind, Arkansas School for the Deaf, and the Division of Youth Services), 15 education cooperatives, and two additional state agencies outside the purview of the Arkansas Department of Education's Division of Elementary and Secondary Education (DESE), totaling 277 programs.

In the 2022-2023 school year, the system consisted of 256 school districts and open-enrollment charter schools, the same three state agencies, 15 education cooperatives, and two state agencies not under DESE, totaling 276 programs.

General Supervision Components
The DESE's Office of Special Education (OSE) includes several sections. For details on each section, visit the OSE website at https://dese.ade.arkansas.gov/Offices/special-education.
The Director's Office of the OSE collaborates with local school districts to deliver special education services for children with disabilities (ages 3 to 21), ensuring that these students in Arkansas receive a Free Appropriate Public Education (FAPE), as mandated by the Individuals with Disabilities Education Act (IDEA). The OSE is dedicated to enhancing educational outcomes for students with disabilities by providing statewide leadership and support to educators, students, families, and other stakeholders. Through partnerships with these stakeholders, the OSE develops and implements a comprehensive system of general supervision to meet state and federal requirements and to improve outcomes for students with disabilities.

The Dispute Resolution Section (DRS) oversees the due process hearing and complaint investigation systems, as outlined in Arkansas Special Education and Related Services: Procedural Requirements and Program Standards. The DRS also supervises the Arkansas Special Education Mediation Project (ASEMP), managed by the UALR Bowen School of Law Mediation Clinic, and works with parents and districts to resolve conflicts at the most appropriate level.

The Monitoring and Program Effectiveness (MPE) and Non-Traditional Programs sections oversee special education programs to ensure compliance with state and federal regulations and provide technical support to enhance program quality. The MPE section is focused on improving educational outcomes for students with disabilities and ensuring that all Local Education Agencies (LEAs) and public agencies meet the requirements of the Individuals with Disabilities Education Act (IDEA).

The Early Childhood Special Education (ECSE) section ensures that a Free Appropriate Public Education (FAPE) is available to all children with disabilities ages 3-5 in Arkansas. ECSE collaborates with the MPE section to monitor early childhood programs.

The Curriculum and Assessment team partners with other DESE units and LEAs to ensure students needing special education and related services can access the general curriculum and participate in statewide and district assessments.

The State Program Development Section collaborates with the Curriculum and Assessment team, DRS, MPE, SSIP, SPDG staff, and other agency divisions to support LEAs, higher education institutions, state and private agencies, parents, and the public. This section focuses on developing programs and training initiatives to improve services for students with disabilities.

The State Personnel Development Grant (SPDG) focuses on competency-based professional learning and ongoing coaching to strengthen the use of high-leverage and evidence-based practices in behavior and academics, with an emphasis on literacy, at regional, district, and school levels.

The Funding and Finance Section ensures the correct allocation and use of IDEA funds as well as state and local funds designated for special education. This section supports LEAs in preparing grant applications and budgets for IDEA-related federal, state, and local funds. The OSE has also adopted a risk-based fiscal monitoring system with a standardized protocol for determining risk, enabling simultaneous oversight by both the MPE and Funding and Finance sections.

The Arkansas IDEA Data & Research Office provides data management, analysis, technical assistance, and research to support the DESE's general supervision mandate. This office collaborates with the OSE and other divisions to ensure standardized data collection for federal reporting, state and district-level data analysis, and public reporting on program effectiveness, including the Annual Performance Report.

The OSE's structure establishes a comprehensive general supervision system. The MPE section monitors LEAs for procedural compliance, offers targeted technical assistance, and supports LEAs in enhancing outcomes for students with disabilities and their families. MPE staff work closely with other sections within the OSE and DESE to oversee special education and related services. These collaborations allow MPE Area Supervisors to assess LEAs' needs for monitoring and technical support and to assist in developing specialized in-service and professional development for staff. Additionally, MPE staff serve as state complaint investigators, fostering a close working relationship with the DRS.

The IDEA Data & Research Office, in collaboration with the OSE and other divisions, standardizes data collection procedures for federal reporting, state and district-level data analysis, and public dissemination of program effectiveness, including school district and early childhood program profiles and the Annual Performance Report.

The Finance Section collaborates with data management and special education consultants to verify that services and outcomes for students with disabilities align with expenditure requirements. For the annual Part B funds application, each district submits written assurances along with their budget application.

Together, the OSE addresses noncompliance and seeks to improve performance. When a Local Education Agency (LEA), Education Service Cooperative (ESC), or other public agency has a noncompliance finding, the OSE requires a Corrective Action Plan (CAP) to resolve the deficiency. The CAP includes specified timelines for correction and submission of evidence for review. As part of monitoring, the OSE may impose corrective actions and require specific documentation to confirm that these actions have been implemented. LEAs may be asked to perform a self-review of their policies, procedures, and practices, with timelines to ensure timely corrective action. OSE staff overseeing the public agency may request plan revisions if the initial efforts appear ineffective. Verification of substantial correction of noncompliance includes additional on-site follow-ups and reviews of recent data. Public agencies must provide written assurances and evidence that deficiencies are addressed as directed. When OSE receives all requested CAP evidence and completes correction verification, the LEA is notified of its compliance status.

For noncompliance resulting from a hearing decision or complaint, the correction is assessed through documentation and other monitoring activities. The DRS staff reviews the public agency's evidence of compliance with corrective actions specified in a hearing decision or complaint report. If the evidence is inadequate, the DRS staff collaborates with the public agency to achieve compliance. When necessary, OSE staff may conduct on-site visits to verify compliance. Agencies under corrective action due to a hearing decision or complaint report must provide regular updates to DRS staff on their compliance status until noncompliance is fully resolved

**Number of Districts in your State/Territory during reporting year**

277

**General Supervision System:**

**The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:**

**Describe the process the State uses to select LEAs for monitoring, the schedule, and number of LEAs monitored per year.**

Program Monitoring:
The DESE-OSE uses a tiered monitoring system with a four-year monitoring cycle. All LEAs participate in some self-monitoring activities (LEA level review of IEPs which are reported to the State) during their designated cycle and/or may be selected for on-site monitoring visits and/or submission of applicable items based on established risk.

LEA appointment to a specific cycle was determined based on regions and size, so LEAs being monitored each year are representative of the state. Additionally, when new LEAs such as open enrollment Charter Schools are established, they are assigned to be monitored in their second year of operation.

Districts on cycle monitoring and have a self-review (Tier 1) are divided into fall and spring windows during which the initial self-review monitoring process occurs. The timeline for the LEA self-review process is 20 school days, excluding state holidays. Districts that have a DESE-OSE onsite review (Tier 4) have different dates than those on the fall or spring self-review timeline, and can be between one and five consecutive days.

DESE Verification Engagement is the process during which the DESE-OSE completes desk reviews and verifies all LEA data submitted during the Tier 1 monitoring process. It is a 90-calendar day period, which begins after the self-review is complete in Tier 1. The DESE-OSE verification engagement timeline for Tier 4 monitoring (onsite) is 60 days beginning the day after the onsite visit is complete. An average of 72 districts are monitored each year.

Fiscal Monitoring:
Tier 1: Conducted annually and includes regular oversight of all Local Education Agencies (LEAs). This is a universal level of fiscal monitoring applied to ensure compliance and accountability across all LEAs.

Tier 2: Aligns with the program monitoring cycles. This tier may involve more targeted or in-depth reviews that correspond to specific programmatic monitoring schedules, focusing on areas that require additional attention.

**Describe how student files are chosen, including the number of student files that are selected, as part of the State's process for determining an LEA's compliance with IDEA requirements and verifying the LEA's correction of any identified compliance.**

The SEA selects student folders based on the following criteria:
1. Disabilities in the District: All disabilities present within the district are considered.
2. Grade and Building Levels: Folders are selected from each grade level or building level.
3. Special Student Placements: Includes students receiving:
 a. Homebound services
 b. Shortened school day
 c. Surrogate parent assignment

4. Post-secondary Transition: Folders for students aged 16 and older who are in the post-secondary transition process.
5. Evaluations: Includes both re-evaluations and initial evaluations conducted within the past twelve months.
6. Behavioral Removals: Folders for students removed from school for behavioral reasons for more than ten days within the past twelve months.
7. Alternate Assessment Participation: Students who participate in alternate assessments.
8. Extended School Year (ESY): Folders for students who participated in ESY services within the past twelve months.
9. Transportation: Includes students who require transportation services.

Additional Folder Review
Five folders will be reviewed from each of the following categories to ensure proper procedures were followed:
1. Graduated Students: Students who graduated in the previous year.
2. Dismissed Students: Students who were dismissed from special education within the last twelve months (both school-age and early childhood).
3. Early Childhood Transitions: Early childhood students who transitioned to kindergarten.
4. Kindergarten Students: Enrolled kindergarten students who received early childhood special education services.

Non-traditional File Selection
If the district has students in residential facilities, day treatment programs, or other non-traditional settings, one folder from each facility will be selected by the designated SEA staff who works with non-traditional programs. These selections are in addition to those selected from the Case Management list.

Folder Selection Process in SMMS
The Folder Selection Process occurs within the Special Education Monitoring & Management System (SMMS) and includes the following steps:
1. Case Management List:
 a. The DESE uploads the Case Management list, which includes students from the December 1 count of the previous school year.
 b. LEA supervisors and Early Childhood Coordinators can access this list via SMMS.

2. Review by LEA:
 a. The Local Education Agency (LEA) reviews the Case Management list to ensure accuracy and up-to-date records. Students who are no longer in the district may be removed from the list pending the reason for withdrawal (e.g., transfer, graduation, etc.) and is documented accordingly. Necessary updates or corrections may be made to the remaining records.
 b. Once the LEA has updated the list, they will notify the SEA via email.
3. Folder Selection by SEA:
 a. The SEA uses the "Special Education District Profile" and the "Sample Size for Monitoring" data to determine the number of folders to select based on the district's special education child count.
 b. Students who transferred into the district within the last twelve months are excluded from selection.
4. Teacher Survey:
 a. A separate email with Teacher Survey links will be sent through SMMS once the review timeframe opens.
5. Folder Indication:
 a. The SEA will mark selected folders with the "Review" flag in the Case Detail section within SMMS, which will be reflected on the Case Management screen.

Selection Range
A minimum of six folders and a maximum of 60 folders will be selected based on the most recent December 1 child count. For more details, refer to the Sample Size for Monitoring document at https://arksped.ade.arkansas.gov/documents/monitoring/checklist/Sample-Size-for-Monitoring.pdf

Verification Engagement Process for Monitoring Data (Tiers 1-3)
The verification engagement process occurs when the DESE Office of Special Education (DESE-OSE) reviews all monitoring data submitted by the Local Education Agency (LEA) in Tier 1. This review, which may be done through a desk or onsite evaluation, occurs within 90 calendar days, starting the day after the district's monitoring timeframe ends.

Data from this monitoring phase (such as pre-finding data for the Annual Performance Report or APR, including Indicator 13) is reported based on initial findings. After the fall or spring 20-day Tier 1 monitoring period ends, the OSE reviews all submitted documentation and runs Student Folder Checklist reports. Districts will receive reports showing any items that received a "NO" response on the checklist.

Types of Data Reviewed During Verification:
1. Student-Level Corrections:
 a. Areas of non-compliance identified through student folder reviews. The district must correct each instance of non-compliance for students within its jurisdiction. For example, if a student did not have a post-secondary transition plan, the district must hold an IEP conference to develop the plan.
 b. DESE-OSE will then review these corrections to ensure compliance.
2. Additional Evidence (or Additional Folder Reviews):
 a. The DESE-OSE reviews additional folders during the verification period to ensure the identified student-level non-compliance is not part of a broader, systemic issue. For example, if a student lacked a post-secondary transition plan, the district must also demonstrate, through student IEP conferences that occur after the monitoring period, that post-secondary transition plans are being developed when appropriate.

Post-Review Process:
A. After the DESE Engagement Process, the OSE will send the district a Letter of Finding within three months. This letter will specify any identified non-compliance.
B. If non-compliance is found, the district must correct all issues as soon as possible, but no later than one year from the date of the Letter of Finding.
C. SPP/APR data reporting for Indicator 13: Secondary transition will reflect the compliance level based on the pre-finding data before corrections are made during the verification period

**Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.**

Monitoring System: The Special Education Monitoring and Management System (SMMS) is used to collect program monitoring data. Collection occurs each Fall and Spring which is based on prior and current year data. Each LEA has secure login access, allowing them to complete documents, review folders, view letters and reports, and upload required evidence. The DESE-OSE can review all submissions, provide comments on submitted evidence, send letters, and develop Compliance Action Plans (CAPs) within this system.

Fiscal System Overview: In Arkansas, all Local Education Agencies (LEAs) are required to use a centralized financial system. MySped Resource is used to collect, and review select financial data. Each year, LEAs are monitored through various data collection activities and desk reviews to ensure financial compliance. The Fiscal Monitoring Guide provides guidance for this process, which can be accessed at https://arksped.ade.arkansas.gov/documents/fundingFinance/FY2223-Fiscal-Monitoring-Guide.pdf.

Annual Components of Fiscal Monitoring:
1. June 1st Application
2. October 1st Budget
3. End of Year Budget
4. Maintenance of Effort (MOE) Calculation
5. Excess Cost Calculation
6. Private School Proportionate Share (PSPS) Survey & Expenditures
7. Use of Allowable Functions in the Budgets Submitted
8. Monthly Review of Arkansas Legislative Audit Synopsis: Committee on Educational Institutions
9. Monthly Review of CCEIS Expenditures via expenditure audit trails of Function 1297
10. Letters to LEAs Requesting Repayment of Special Education Funds to the Agency

In addition to annual monitoring components, LEAs participate in a cyclical monitoring that aligns with MPE.

Review and Compliance Monitoring:
The SPED Finance Team is responsible for reviewing all financial documents to ensure they are submitted timely and contain accurate information. They also provide technical assistance to LEAs, guiding them on how to correctly complete documents to meet compliance standards.

If any issues are identified through annual or cyclical monitoring procedures, DESE-OSE may issue a Corrective Action Plan (CAP). Areas that may prompt such action include:
** Timeliness and accuracy of data
** Unallowable expenditures
** Fiscal compliance concerns such failure to meet Maintenance of Effort (MOE), Excess Cost, Private School Proportionate Share (PSPS) and CCEIS budgets and expenditures


Risk Factors for LEAs
The SEA assesses risk for each LEA based on several factors, including:
** Changes in Key Personnel: Superintendent, General Business Manager/District Treasurer, LEA Supervisor
** Fiscal Distress: History of late submission of required data or financial information, including MOE
** Non-compliance with PSPS or CCEIS requirements
** Repayment of Funds: LEAs may be required to return funds for various issues such as using incorrect funds (e.g., Fund 6702 for third-party Medicaid billing services)

Student Data System
Arkansas uses a unified Student Management System (SMS) that integrates special education modules, which are crucial for managing data required for the Annual Performance Report (APR). The primary modules associated with the APR are (1) School-age; (2) Early Childhood; and (3) Referral Tracking. These modules contain specific fields, such as primary disability, entry and withdrawal dates, and federal placement codes. The SMS also includes special education discipline data as part of the broader statewide discipline dataset.

Compliance and Data Collection
The SMS's Referral Tracking Module plays a key role in tracking compliance for:
Indicator 11: Child Find
Indicator 12: Early Childhood Transition
This module is the only one with direct compliance obligations, and data is compiled at the end of the school year. LEAs are given a data review and correction window in September, which is critical for submitting final outcomes. If an LEA has less than 100% compliance for Indicators 11 or 12, the IDEA Data & Research Office reviews current-year referral data and escalates persistent issues to the MPE Administrator if necessary.

District-Level Indicators
Four district-level indicators are not housed within the SMS, but they are important for reporting the SPP/APR and monitoring compliance:
Indicator 3: Assessment (Subset of the statewide assessment dataset)
Indicator 8: Family Involvement (Data collected via scan forms or an online survey, with LEAs encouraged to boost participation)
Indicator 13: Secondary Transition (Data collected through monitoring)
Indicator 14: Post-School Outcomes (Data collected through phone surveys and analysis across various state agencies)
These indicators are crucial for overall monitoring and compliance reporting across the state's special education programs.

Collectively, these systems ensure that LEAs remain compliant with state and federal special education requirements and provides the necessary data for ongoing monitoring and improvement.

**Describe how the State issues findings: by number of instances or by LEAs.**

Findings are issued by LEAs. If a district has multiple files with the same area of non-compliance, this information is aggregated in a Letter of Finding and a CAP that requires each student level issue to be corrected, and evidence submitted to indicate the issue is not systemic. Items are grouped by key topic areas such as child find, evaluations, IEP, etc.

**If applicable, describe the adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).**

Verification engagement is the process through which the DESE-OSE reviews all monitoring data submitted by an LEA in Tier 1. This review, conducted either as a desk review or onsite, occurs over 90 calendar days, beginning the day after the district's monitoring timeframe ends. Tier 4 monitoring has a 60-day review process that begins the day after an onsite visit. Any data collected from monitoring and used in the Annual Performance Report (APR), such as Indicator 13, is reported based on pre-finding data. The SEA views evidence submitted during the DESE-Engagement process as part of a pre-finding correction period.

After the assigned fall or spring 20-day Tier 1 monitoring window closes, the OSE examines all submitted documents and generates Student Folder

Checklist reports. The district is then provided access to these reports, which highlight all items marked with a "NO" response. When student-level non-compliance is identified, two types of data are reviewed:
 a. Student Level Corrections: These refer to areas of non-compliance specific to individual students, identified through student folder reviews. The district must correct each instance of non-compliance for students still under the district's jurisdiction. DESE-OSE then reviews these corrections to ensure compliance at the student level.
 b. Additional Evidence: DESE-OSE examines additional student folders (updated data) during the verification engagement to confirm that the identified non-compliance is 100% corrected and there is not a systemic or recurring issue.

Upon completing the 90-day review, the district receives a Letter of Finding, which indicates whether any non-compliance has been identified based on all evidence reviewed. This letter is issued within three months of the conclusion of the DESE verification. If non-compliance is noted, the district must correct these issues as soon as possible, but no later than one year from the date of the Letter of Finding. Data reporting for Indicator 13: Secondary Transition in the SPP/APR is determined by the level of compliance identified during initial review not prior to any corrections made during the verification period.

**Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part B's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.**

When DESE-OSE determines an LEA or other public agency has a finding of non-compliance, a Corrective Action Plan (CAP) is written to address the deficiency with specified timelines for corrections and evidence submissions. The CAP actions must be completed as soon as possible, but no longer than one year from the issued date, as noted in the Letter of Finding. Specific documentation must be submitted to demonstrate the implementation of corrective actions. DESE-OSE issues any CAP within three months of concluding monitoring activities. DESE-OSE sends CAP status letters to districts at the 6, 9, and 11-month milestones.

Any CAP issued for student-level non-compliance must show evidence of corrected student-level issues within the one-year timeline and submit updated data and information to ensure 100 percent compliance (additional evidence). If a CAP was issued because additional evidence is needed to ensure that a concern is not systemic, the CAP will address and include the additional evidence required. Public agencies must submit evidence that the CAP deficiencies have been corrected as directed. Upon receiving all requested evidence cited in a CAP or CAPs and verification by the DESE-OSE staff of full correction, the DESE-OSE will notify the public agency of its compliance status.

A district that does not complete the requirements in the CAP within the designated time enters a status of long-standing non-compliance. The DESE-OSE will issue a letter to the district informing them of the status and outlining the next required corrective actions, sanctions, or enforcement actions. The required actions will be included as Specific conditions to the LEA's IDEA Part B Federal award and will include a timeline for the completion of each required action (2 CFR §200.208). Required actions could include, but are not limited to:
1. Required components of the CAP that the LEA failed to complete
2. Increased reporting requirements
3. Additional Project Monitoring
4. Obtain additional technical or management assistance
5. Additional Prior Approvals
6. Required use of funds for specific actions

A failure to meet the requirements within the timelines established by DESE-OSE could result in additional conditions being applied to the LEA's IDEA Part B Federal Award up to and including directing, withholding, or pausing payments of IDEA Part B funds.

**Describe how the State makes annual determinations of LEA performance, including the criteria the State uses and the schedule for notifying LEAs of their determinations. If the determinations are made public, include a web link for the most recent determinations.**

Arkansas notifies Local Education Agencies (LEAs) of their Annual Determinations each year in early May. While these determinations are not publicly disclosed, LEAs can securely access them through a web portal. The document How the Office of Special Education Made Determinations is available at this link. https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting.

Arkansas uses both IDEA and ESSA data to assess LEA performance, dividing the determinations into two main categories: results and compliance.

Results Matrix: The DESE-OSE uses a Results Matrix comparing the following LEA data elements against state established targets:
I. Priority Area I (25% of Results Score)
 a. Percentage of students with disabilities (SWD) who graduated in 4 years
 b. Percentage of SWD who dropped out of school in grades 7-12 in a single year

II. Priority Area II (50% of Results Score)
 c. Percentage of students with disabilities (SWD) whose percentile ranking of residual or value-added score (VAS) in English Language Arts (ELA) and math is categorized as moderate or high

III. Priority Area III (25% of Results Score)
 d. Percentage of SWD who participated in Statewide assessments (regular and alternate) in Math and in Reading Language Arts (RLA)
 e. District weighted achievement proficiency rate for SWD (combined ELA and math)
 f. Percentage of SWD in early childhood who moved toward or reached age level on the Early Childhood Outcomes

Results elements for participation and growth are scored separately for reading and math, while Early Childhood Outcomes are evaluated individually for each outcome and summary statement.

Scoring of the Results Matrix: The Results Matrix assigns a score of 0, 1, 2, 3, or 4 for each results element under Priorities I–III. The total possible points serve as the denominator, while the actual points earned by the LEA form the numerator. This calculation yields a Results Score and Percentage, which are then used to determine the LEA's Part B Determination.

IV. Compliance Matrix:
In making each LEA's determination, the DESE-OSE uses a Compliance Matrix, reflecting the following data:
1. The LEA's data for Part B Compliance Indicators 4B, 9, 10, 11, 12, and 13;

2. The timeliness and accuracy of data reported by the LEA via the statewide information system and/or MySped Resource, required documentation/activities for all sections of the DESE Office of Special Education by their due dates; and
3. Longstanding Noncompliance
   ** The DESE-OSE considers (1) whether the DESE-OSE imposed Special Conditions on the LEA's 2022-23 IDEA Part B grant award and those Special Conditions in effect at the time of the 2024 determination, and the number of years for which the LEA's Part B grant award has been subject to Special Conditions; and (2) whether there are any findings of noncompliance identified in the current year or earlier by the DESE-OSE that the LEA has not yet corrected.

The Compliance Matrix assigns a score of 0, 1, 2, 3, or 4 for each compliance element listed in item one, as well as for each additional factor outlined in items two and three. The total possible points serve as the denominator, while the points actually earned by the LEA form the numerator. This calculation produces a Compliance Score and Percentage, which are then used to determine the LEA's Part B Determination.

FINAL Determination

The final determinations are derived from 25% of the LEA's results score and 75% of the compliance score
1. Meets Requirements: An LEA's 2024 Determination is Meets Requirements if the RDA rate is at least 80%, unless the DESE-OSE has imposed Special Conditions on the LEA's last three IDEA Part B grant awards, and those Special Conditions are in effect at the time of the 2024 determination.
2. Needs Assistance: An LEA's 2024 Determination is Needs Assistance if the RDA rate is at least 60% but less than 80%. A LEA would also be in Needs Assistance if its Compliance Score is 80% or above, but the DESE-OSE has imposed Special Conditions on the LEA's last three IDEA Part B grant awards, and those Special Conditions are in effect at the time of the 2024 determination.
3. Needs Intervention: An LEA's 2024 Determination is Needs Intervention if the RDA rate is less than 60%.
4. Needs Substantial Intervention The DESE-OSE has not issued a determination of Needs Substantial Intervention for any LEA.

**Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.**

Monitoring
https://dese.ade.arkansas.gov/Offices/special-education/monitoring-and-program-effectiveness
https://dese.ade.arkansas.gov/Offices/special-education/monitoring-and-program-effectiveness/compliance-resources
https://dese.ade.arkansas.gov/Offices/special-education/monitoring-and-program-effectiveness/compliance-resources

Fiscal
https://dese.ade.arkansas.gov/Offices/special-education/funding-and-finance/fiscal-monitoring

**Technical Assistance System:**

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

The State provides a comprehensive & responsive system to deliver timely, high-quality, evidence-based (EB) technical assistance (TA) & professional development (PD) to support & build the capacity of LEAs. Annually, both TA & PD are shaped by data, outcomes, needs & input from stakeholders, including LEAs, Parent Training & Information (PTI) centers, Special Education Advisory Council (SEAC), families, & others. Ongoing collaboration & stakeholder engagement are critical to ensuring TA effectiveness & alignment with LEA needs.

The MPE & ECSE sections provide TA to support LEAs to meet compliance & performance indicators based on risk factors of monitoring findings, audits, indicator data & APR determinations. The Dispute Resolution section offers TA to address noncompliance identified through complaints or hearings. The Finance section guides best practice in financial management, including budgeting, reporting & resource allocation. IDEA Data & Research offers TA to improve LEA capacity in data reporting, usage & data literacy, ensuring compliance with federal & state regulations.

The ECSE section also provides TA through the Building Access for Students in Classrooms (BASIC) project & the Arkansas EC Pyramid Model Project. These projects use a multi-tiered system of support (MTSS), including coaching & PD, to ensure the effective implementation of EBPs in EC classrooms. Timely training & action planning help programs assess needs, develop improvement strategies, & monitor progress.

Other consultant groups provide TA on student-specific issues & program improvements with a focus on building the capacity of LEAs. Aligned with OSE & the State Systemic Improvement Plan (SSIP), these consultants are part of a multi-year shift towards sustainable, job-embedded TA & PD. This TA is designed around the principles of implementation & improvement science to ensure that LEAs receive a continuum of timely EB TA.

The Central Intake & Referral/Consultant Unified Intervention Team (CIRCUIT) provides TA based on specific needs & referral types. Current research, evidence-based practices (EBPs) & Universal Design for Learning principles are used in the provision of TA, with each TA provider participating in ongoing PD to improve their knowledge, skills & coaching abilities. For student-specific requests, TA focuses on building LEA capacity to meet the needs of the student & other students with similar needs. Memorandums of Understanding define the roles & functions of each consultant group, ensuring consistency in provided support. TA activities are documented in monthly reports & reviewed by OSE administrative team for quality & accountability. The following Special Education Consultant groups are deployed through CIRCUIT as well as OSE & LEA requests:

**Arkansas Transition Services (ATS) supports students with disabilities, educators, parents, agency personnel & community members in preparing students for the transition from school to adult life & achieving positive post-school outcomes. ATS provides TA to LEAs & agency personnel to enhance transition outcomes & build capacity to improve performance on indicators 13 & 14.

**Arkansas Behavior Support Specialists provide TA to help LEAs implement EB behavioral practices through two multi-year projects: THRIVE & BX3. THRIVE builds school leaders' capacity to design & implement schoolwide MTSS for positive behavior & mental health. BX3 offers PD & TA to building-level teams, focusing on strengthening MTSS & improving individual student behavior outcomes.

**The Accessible Educational Materials (AEM) consultant helps LEAs acquire accessible materials that are designed or adapted to meet the unique needs of students. The consultant provides TA & PD to LEAs, regional education cooperatives & families on current & emerging technologies for using AEM.

**The Arkansas Public School Resource Center Special Education Consultant provides TA to charter schools on IEP development, paperwork

management, & understanding the law & due process. Using EB strategies, the consultant builds LEA capacity to comply with legal requirements & implement EBPs for serving students with disabilities.

**Educational Services for the Visually Impaired (ESVI) provides TA to LEAs on the use of low vision & mobility devices, assistive technologies, large print or Braille books, & specialized Orientation & Mobility lessons for cane users. ESVI conducts assessments, including Functional Vision, to help LEAs develop appropriate educational strategies & accommodations for students with visual impairments.

**The Educational Support & Related Services Specialists (ESRSS), which include the Arkansas Brain Injury (BI) School Support Program, Speech-Language Services (SLS), & Easterseals Outreach Program & Technology Services, collaborate to deliver timely EB TA to support LEAs. The ESRSS provide specialized, capacity-building TA designed to help LEAs implement interdisciplinary supports & EB interventions to meet the needs of students with BI. In addition, the ESRSS provide TA to LEAs supporting both student-specific needs & the development of sustainable programs in areas such as educational programming, assistive technology & pediatric feeding disorders, ensuring all students have meaningful access to services. The ESRSS also help LEAs develop the capacity to provide high-quality educational services through speech-language pathologists, occupational therapists & physical therapists. The ESRSS use EBPs to support inclusive related services, improving educational outcomes & ensuring Free Appropriate Public Education, while providing TA to strengthen LEAs' capacity to implement effective services for students with disabilities.

**The Children & Youth with Sensory Impairments (CAYSI) program serves individuals from birth to age 21 who are deaf-blind or at risk for deaf-blindness. CAYSI provides targeted TA to families, educators & others working with these individuals, promoting inclusion through EBPs to build LEA capacity & increase student access to educational, vocational, recreational & community environments.

**Educational Audiology & Speech Pathology Resources for Schools (EARS) provides TA to LEAs in managing hearing screening programs, assisting with amplification & offering classroom support. EARS recommends accommodations/modifications for students with auditory processing disorders & provides evaluation services, including audiology assessments, parent counseling & hearing conservation education, to improve LEAs' understanding of student communication needs. The Arkansas Deaf Educational Services Consultant collaborates with EARS & CAYSI to increase LEA capacity in serving students who are deaf or hard of hearing. This consultant provides TA focused on advancing inclusive education practices to equip LEAs to meet students' needs.

Other ways the State provides TA include collaborating with educational interpreters, public school districts that employ them & the University of Arkansas at Little Rock's (UALR) Interpreter Education Program to support educational interpreters through reimbursement for the Educational Interpreter Performance Assessment. The UALR's Bowen School of Law Mediation Project provides TA through trained mediators to resolve conflicts related to educational services for children with disabilities, including facilitating IEP meetings & supporting effective communication among IEP teams. Additionally, Medicaid in the Schools assists LEAs with TA in telepractice, electronic billing, program management, policy development & optimizing Medicaid services through data management & new revenue stream development.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities.**

The State provides a comprehensive system to deliver high-quality, EB PD & TA aligned with the federal & state priorities, including the SSIP. PD is strategically designed to build LEA capacity, ensuring educators & staff have the knowledge & skills to effectively deliver services that improve outcomes for students with disabilities. Guided by data, current research, EBPs & ongoing stakeholder input, these efforts are responsive to LEA needs & focus on continuous improvement in service delivery for students with disabilities. Interagency collaborations with the DESE Student Assessment & Curriculum Support Units ensure all students, including those with disabilities, can access & make progress in the general education curriculum & participate in statewide assessments. The OSE also collaborates with regional content specialists to provide PD that promotes student access to high-quality instruction with additional support as needed.

The OSE & its funded consulting groups engage in ongoing PD to improve their knowledge, skills & coaching abilities, ensuring consultants deliver high-quality PD, maintain a high standard of support & stay current with emerging research & practices. The following section describes the PD provided by the OSE & consultants, aligning with federal & state priorities to equip LEAs with the skills needed to improve outcomes for students with disabilities. To increase statewide access, PD is offered at conferences, regional education cooperatives & the local level through in-person, virtual & hybrid formats. PD includes, but is not limited to:

**The MPE section provides PD to help LEAs meet performance indicators, tailoring content to address identified needs, specific challenges & program improvements. This ensures that children with disabilities receive effective services. The Dispute Resolution section offers PD to address noncompliance identified through complaints or hearings. The Finance section provides PD in financial management, including budgeting, reporting & resource allocation. Through the BASIC projects, the EC section provides PD to cohorts of preschool classrooms, focusing on the use of high-quality early childhood MTSS & inclusion practices. These initiatives provide PD, coaching & support to EC educators, focusing on EBPs that promote inclusion & meaningful preschool experiences for all, including children with disabilities.

**The IDEA Data & Research section provides PD to increase LEAs' capacity in data reporting, usage & data literacy. This PD empowers LEAs to analyze & interpret data effectively, enabling data-driven decisions that improve outcomes for students with disabilities & ensures compliance with reporting requirements. These trainings supports long-term capacity building, helping LEAs sustain & strengthen their data management & decision-making practices.

**The Central Intake & Referral/Consultant Unified Intervention Team provides targeted PD to build LEA capacity in addressing student-specific needs. Through PD, LEAs are equipped with the skills & strategies to support individual students, while also developing practices that can be applied to future students with similar needs. This ongoing learning helps LEAs strengthen their ability to effectively meet the unique needs of students.

**The Arkansas Public School Resource Center Special Education Consultant provides PD in IEP development, special education law & EBPs practices. These PD initiatives help LEAs build the skills needed to create supportive learning environments & deliver high-quality services for students with disabilities.

**Arkansas Transition Services (ATS) provides PD, TA, & consultations to LEAs, special educators, staff, & agency personnel focused on improving transition programs & developing the skills of transition teams, ensuring all participants are equipped to effectively support student transitions. ATS also offers resources developed to support students & their families prepare & plan for successful transition from school to adult life.

**The State Personnel Development Grant (SPDG), aligned with DESE Educator Effectiveness & the SSIP, provides a coherent system of support through job-embedded PD & coaching. This PD develops strong leadership among administrators & supports educators in implementing UDL & EBPs to improve outcomes for students with disabilities.
Arkansas Behavior Support Specialists (BSS) deliver PD, consultation & coaching on EB behavioral practices, such as functional behavior assessments, intervention plans, school-wide positive behavior supports & classroom management. The PD is designed to help educators meet the behavioral needs of students with disabilities.

**The Arkansas Co-Teaching Project uses PD & coaching to increase the skills of general & special educators in co-teaching practices, ensuring that students with disabilities can access & progress in the general education curriculum.

**The Accessible Educational Materials Consultant supports LEAs in selecting, designing, & converting materials to ensure usability for a wide range of student needs. The consultant provides PD to help LEAs create meaningful learning environments by ensuring educational materials are accessible to all students.

**Education Services for the Visually Impaired Consultants provide LEAs with recommendations for adaptations that enhance students' opportunities for learning, assessment & instruction. They offer PD on the use of low vision devices, adaptive mobility devices, canes, large print or Braille books & assistive equipment, ensuring students with visual impairments receive appropriate services and supports.

**Children & Youth with Sensory Impairments (CAYSI) & Deaf Education Services take a proactive approach to PD by empowering students, families & education teams with the skills & resources needed for educational success. This support includes educator training on EBPs, assessments, resources, & information tailored to enhance educational experiences of students. PD is also provided on accessibility in the general education curriculum, the student's preferred mode of communication & the development of transition plans.

**Educational Audiology & Speech Pathology Resources for Schools (EARS) provides LEAs with PD to support students who are deaf or hard of hearing. EARS also offers online resources giving LEAs access to best practices for working with students who have hearing loss.

**The Educational Support & Related Services Specialists (ESRSS), which include the Arkansas Brain Injury School Support Program, Speech-Language Services (SLS), & Easterseals Outreach Program & Technology Services, collaborate to design & deliver PD & coaching focused on improving the implementation of special education & related services aligned with OSE initiatives. Their PD ensures meaningful access & FAPE for students with disabilities, covering topics such as collaborative goal writing, flexible service delivery & implementing EBPs, with an emphasis on IEP teams beginning with the general education setting before considering more restrictive environments. The ESRSS also provide specialized PD for staff working with students with brain injuries (BI), focusing on the impact of BI, managing behavior & supporting academic achievement. Additionally, SLS within ESRSS offer PD on communication and regulatory aspects of service delivery, alongside a resource, assessment & equipment loan program to support LEAs to effectively provide services that improve results for students with speech and/or language disabilities.

**Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

In 2021, Arkansas developed a comprehensive plan to form a broad stakeholder group to complement the work of the Special Education Advisory Council (SEAC). Invitations were sent to 46 individuals, many holding dual roles, ensuring representation from all five regions of the state, race/ethnicities & both males & females. The group included 12 parents, 4 related service providers, 8 EC providers, 2 EC coordinators, 12 district special education supervisors, 7 general/special educators, 4 state agency personnel & 4 superintendents/principals. These stakeholders, along with SEAC, OSE & TA providers, participated in webinars on indicator target setting & improvement activities, with smaller breakout groups to encourage active participation & ensure all voices were heard. The collaboration with this stakeholder group continues to create opportunities for input, data analysis & strategy development, fostering a reciprocal exchange of information.


The SEAC provides key input on targets & improvement activities through quarterly meetings in January, April, July & October, where feedback is solicited on SPP/APR targets, the SSIP & related efforts. The SEAC includes diverse stakeholders: 9 parents, 2 advocates, 2 members from AR Rehabilitation Services, 2 members from Career & Technical Education, The Center for Exceptional Families (TCFEF), foster care, higher education, juvenile corrections, adult corrections, LEA special education supervisors, the McKinney-Vento administrator, 4 teachers & representatives from private & public charter schools. In these meetings, council members & public participants receive updates on stakeholder input sessions, compliance & dispute resolution indicators & the SSIP. This ongoing engagement ensures broad stakeholder perspectives are used to inform the development, implementation & evaluation of strategies to improve outcomes for students with disabilities. SEAC agendas can be found here: https://dese.ade.arkansas.gov/Offices/special-education/advisory-council.


To increase the capacity of diverse parents across the state, the OSE partners with TCFEF, the PTI center. TCFEF engages a broad network of families through social media, virtual meetings, in-person events & other methods. During the FFY 2020-2025 SPP/APR target-setting phase, the OSE worked with TCFEF to ensure meaningful parent engagement throughout the process. To increase accessibility, UDL principles were applied & translated documents were provided to meet families' language needs, ensuring active family involvement in target-setting & strategy development for improving outcomes for students with disabilities. In the 2023-24 year, the IDEA Data & Research section used TCFEF's weekly webinars to present the SPP/APR indicators from a parent's perspective, with recordings made available on the TCFEF YouTube channel for broader access. An in-person presentation of the SPP/APR indicators was also delivered to a parent group in rural north-central Arkansas, ensuring inclusion of remote families. Further, in alignment with the SSIP, TCFEF & SPDG piloted an in-person family focus group. These interactions provide ongoing feedback to inform the OSE's efforts & strategy refinement as well as ensuring family perspectives are continuously integrated into target-setting & implementation activities.


The OSE gathers statewide feedback through trainings, in which stakeholders build capacity, analyze data, evaluate progress & recommend improvement strategies to impact outcomes for students with disabilities. The following highlights a few trainings in which stakeholder feedback was collected for this reporting period:


The Arkansas Association of Educational Administrators (AAEA) is a diverse network of school leaders committed to quality public education. The OSE partners with AAEA's Beginning Administrators (BA) & Special Education Administrators groups to gain input on all SPP/APR targets & revisions. In this reporting cycle, the BAs provided feedback through the All In & Advancing Inclusive Principal Leadership (AIPL) initiatives. These efforts ensure that

school leaders' perspectives, particularly in special education & leadership development, are integrated into the revision of performance targets & inform improvement strategies to improve outcomes for students with disabilities. More on AIPL & alignment to Indicator 17 can be found at: https://ccssoinclusiveprincipalsguide.org/policy-to-practice/case-study-arkansas/ and https://sites.google.com/view/inclusive-practices/home.

The Meaningful Access Project (MAP) promotes effective practices to ensure that students with disabilities have access to core instruction & systems of intervention. Participating schools engage in a collaborative evaluation that collects data on student achievement, leadership, educator practices & PD effectiveness. This initiative aligns with key indicators, specifically Indicators 5 (LRE) & 17 (SSIP), & supports the Arkansas State-identified Measurable Result. Data & feedback from these schools inform continuous improvement & strategies to improve outcomes for students with disabilities. More information can be found at: https://dese.ade.arkansas.gov/Offices/special-education/meaningful-access-project.

The OSE initiative, ALL IN, promotes meaningful access to core instruction, aiming to provide greater opportunities for students to achieve their college, career & life goals. As part of ALL IN, the Training of Trainers (ToT) provides statewide training to district & building-level teams. The ToT includes an educator & staff feedback survey on EBPs & special education services, with over 4,000 responses this period. The data are shared with stakeholders, including the SEAC, & analyzed to guide decisions & advance special education improvement efforts statewide. Another key component of ALL IN is the Inclusive Practices website, which serves as a hub of information & resources for stakeholders, including families, to build capacity & support local efforts to improve outcomes for students with disabilities. During this period, the website expanded to include resources showcasing successes in Arkansas public schools. Additional information can be found at: https://sites.google.com/view/inclusive-practices/home.

The EC section sought input on Indicators 6, 7 & 12 from diverse stakeholder groups through existing meeting structures & new engagement opportunities. Ongoing feedback sessions, data analysis & discussions with families, educators & service providers continue to inform strategies to address the needs of all children.

Arkansas Transition Services (ATS) hosts multiple opportunities for stakeholders, including LEAs, transition teams, families & students, to provide ongoing feedback, collaborate & monitor progress related to Indicators 1, 2, 13 & 14. The ATS Summit includes sessions that analyze data & develop action plans for transition program improvements. Cadre meetings center on the need for continued or different strategies & interventions. Stakeholder feedback is continuously considered on Secondary Transition Indicators throughout the school year.

The OSE attends the Arkansas Council for Military Children Forums to gather feedback from military families on education-related topics. During this period, a Military Families Needs Survey was conducted, receiving 250 responses. The data was analyzed & used to inform strategies to improve access to special education services for students with disabilities.

Approximately 650 participants attended the 2024 School-Based Therapy Conference & the Arkansas Collaborative Consultants Convening, which included Technical Assistance Providers. In these events, the components of Indicator 17 & SSIP improvement strategies were discussed & feedback was solicited on the messaging, improvement strategies & overall direction of the SSIP.

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

NO

**Number of Parent Members:**

127

**Parent Members Engagement:**

**Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

In 2021, Arkansas developed a comprehensive plan to engage broad stakeholder groups, with particular emphasis on parent involvement, to ensure meaningful participation in the SPP/APR process. A representative group of 12 parents from across the state, reflecting the diversity of Arkansas's five regions, race/ethnicities & both genders, provided feedback on target setting & improvement activities. This group, along with members of the SEAC, OSE staff & TA providers, participated in webinars & breakout sessions on indicator target setting & improvement activities for improving outcomes for students with disabilities. These sessions encouraged active participation, fostering a reciprocal exchange of information between parents & other stakeholders.

In partnership with OSE, TCFEF plays a vital role in further enhancing parent engagement throughout the SPP/APR process. TCFEF worked to ensure that families were actively involved in target setting & strategy development for the FFY 2020-2025 SPP/APR cycle, including the SSIP. In December 2021, TCFEF, the IDEA Data & Research Manager & the SSIP Coordinator facilitated statewide virtual events for families to provide feedback on setting targets, data analysis & improvement strategies. For families who could not attend the live virtual sessions, links to event recordings were sent to TCFEF's broad network of families to review & provide feedback at their convenience. To ensure accessibility, UDL principles were applied & translated materials were provided to meet families' language needs. These efforts ensured that parents, regardless of language or geographic barriers, could provide meaningful input during the target-setting process & contribute to refining strategies aimed at improving educational outcomes for students with disabilities.

TCFEF's continued efforts throughout the 2023-24 school year included engaging families via a variety of platforms such as school meetings, phone calls, webinars, social media, surveys & in-person events. One key initiative was the weekly TCFEF webinars, which included training sessions on topics related to the indicators & improvement strategies. The IDEA Data & Research section used these webinars to present the SPP/APR indicators from a parent's perspective to 100 parents, with recordings made available on the TCFEF YouTube channel increasing access for families statewide. Additionally, the IDEA Data & Research Director delivered an in-person presentation of the SPP/APR indicators to a group of 15 parents in rural north-central Arkansas, ensuring that remote families were included in the feedback process. Throughout these interactions, parents shared their perspectives on revising targets, analyzing data, developing improvement strategies & evaluating progress. This feedback has been critical in shaping OSE's ongoing efforts, ensuring that family perspectives are integrated into decision-making & driving continuous improvement in the state's special education practices.

The collaboration between the OSE & the SPDG is essential to advancing the SSIP, as the SPDG is directly aligned with the SSIP Theory of Action. As

part of the SPDG, a TCFEF representative serves as the Family & Community Liaison on the Core Management Team & supports both the SSIP & SPDG to gather parent feedback & input on improvement strategies.

In the 2023-2024 school year, aligned with the SSIP improvement efforts, SPDG & TCFEF piloted an in-person family focus group with four parents from different regions of the state. Developed in collaboration with the SAEC, the focus group questions sought feedback on parent's experiences supporting their child's education at school & at home. Parents were asked about the school-provided resources, their involvement in decisions about their child's success, & the information that helps them understand their child's academic & behavioral performance. Also part of SSIP improvement strategies, 33 parents attended an in-person TCFEF training & received a resource binder to help build partnerships with schools. TCFEF gathered feedback from attendees about the parent binders, which will inform ongoing SSIP improvement efforts. Based on these initiatives, SPDG & TCFEF will use the collected feedback to create a plan for expanding focus group sessions statewide & further developing parent trainings & resource binders in 2024-2025. Additional information on TCFEF & SPDG can be found at http://thecenterforexceptionalfamilies.org & https://www.arspdg.org/parents-family/.

The SEAC provides key input on setting/revising targets, data analysis, & the development of improvement strategies through quarterly meetings in January, April, July, & October. During these meetings, feedback is solicited on SPP/APR targets, the SSIP, & related efforts. The SEAC includes diverse stakeholders: 9 parents, 2 advocates, 2 members from AR Rehabilitation Services, 2 members from Career & Technical Education, TCFEF, foster care, higher education, juvenile corrections, adult corrections, LEA special education supervisors, the McKinney-Vento administrator, 4 teachers, & representatives from private & public charter schools. Council members & public participants are also provided updates & asked for input on stakeholder sessions, indicators, state initiatives, & the SSIP. Meeting agendas can be accessed at https://dese.ade.arkansas.gov/Offices/special-education/advisory-council.

The OSE attends the Arkansas Council for Military Children Forums to gather feedback from military families on education-related topics. During this period, a Military Families Needs Survey was conducted, receiving 250 family responses. The data was analyzed & used to inform improvement strategies to specifically address access to special education services for children with disabilities who are military connected.

The EC section sought input on Indicators 6, 7, & 12 from a diverse group of stakeholders, including parents, through existing meeting structures & new engagement opportunities. Ongoing feedback sessions, data analysis, & discussions with families, educators, & service providers continue to refine strategies & ensure the needs of all children are addressed.

The OSE continues to actively engage parents through various channels to ensure their input informs the setting/revision of targets, data analysis, strategy development & evaluation. The Arkansas Meaningful Access Project (MAP), a key initiative outlined in the SSIP Theory of Action, has expanded to involve more educators, administrators, & families across Arkansas. MAP enables LEAs to collaborate with families on data-driven decisions related to scheduling, placement, & access to core instruction through a tiered support system. These discussions focus on special education as a service, not a place, & emphasize the importance of Indicators 1, 2, 5 & 17. LEAs then provide input & feedback to the OSE, which is used for evaluating progress & improving the SSIP.

**Activities to Improve Outcomes for Children with Disabilities:**

**The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.**

The SEAC provides a platform for parent involvement in developing improvement strategies, with nine parent members participating in quarterly meetings to offer feedback on performance indicators, the SSIP, & other efforts. This engagement integrates parent perspectives into strategies to improve outcomes for students with disabilities & builds parents' capacity to engage in decision-making. This collaboration allows parents to deepen their understanding of initiatives & strengthen their roles as key stakeholders.

The SPDG is essential to advancing the SSIP, aligning with its Theory of Action. A TCFEF representative serves as the Family & Community Liaison on the SPDG Core Management Team, supporting both the SSIP & SPDG in building parent capacity & gathering feedback on activities. TCFEF offers in-person & virtual training to help parents contribute to the development of strategies that improve outcomes for children with disabilities. Additionally, the SPDG involves parents in developing professional learning micro-credentials (MC), particularly those focused on family collaboration. By co-developing resources & providing feedback, parents strengthen their capacity to support improvement strategies. All MCs are available statewide via Arkansas IDEAS, the agency's professional development system. The SPDG also trains LEAs & provides resources to increase family support to strengthen family-school partnerships & improve outcomes for students with disabilities.

The ALL IN initiative & AIPL project engage parents in collaborative conversations, shaping strategies to improve outcomes for students with disabilities. Parent feedback ensures strategies support academic success & effective practices. The ALL IN website offers a Toolkit for families to build capacity & support local efforts to improve outcomes for students with disabilities.

The MAP fosters collaboration between families & LEAs to make data-driven decisions, ensuring access to high-quality instruction & the implementation of EBPs to improve outcomes for students with disabilities. Their feedback informs strategies to improve LRE & SSIP outcomes.

The Arkansas Collaborative Consultants (ACCs) provide coordinated services statewide to support LEAs, educators, families & students, with a focus on maximizing outcomes for students with disabilities. Using a coherence & value-creation framework, the ACCs strategically support the SSIP & other Part B Indicators, implementing tiered supports for educators & families. They integrate research-based practices, UDL & HLPs into the implementation activities outlined below.

The CIRCUIT system can be requested by parents/guardians or LEA administrators. Through CIRCUIT, State Special Education Consultants assist LEAs with interventions for students with sensory, intellectual & multiple disabilities, disruptive/self-injurious behavior, autism spectrum disorders, brain injuries & other disability-related needs. This targeted support helps LEAs & parents understand the child's specific needs, directly improving educational outcomes for students with disabilities.

The BSS lead BX3, a capacity-building project for LEAs that incorporates family input. The BSS provide direct support to students, families & LEAs through the CIRCUIT system. Additionally, the BSS website includes a dedicated page for families, aimed at building parents' capacity to implement school strategies at home, improving outcomes for students with disabilities. To learn more about the family resources, visit https://arbss.org/familyresources/.

The ESRSS provide direct support to students, families & LEAs through the CIRCUIT system. For students with brain injuries, the ESRSS meet with families before hospital discharge to build the capacity of LEAs, families, & students to ensure receipt of necessary support for a successful return to school & participation in education. Through student-centered planning, the ESRSS equip parents with the ability to make informed decisions about assistive technology & services that enhance educational access, participation, & outcomes for students with disabilities.

The CAYSI program provides specialized support to parents of children who are deaf-blind or at risk for deaf-blindness. Through home visits, parent groups, training opportunities, & resources, CAYSI helps families build the capacity to support their child's educational success. The program highlights the critical role parents play in ensuring access to inclusive educational environments & improving overall student outcomes.

The AEM Consultant supports families by providing accessible video demonstrations of current & emerging technologies for students, along with in-depth training upon requests from students, families, LEAs & ESCs. These capacity-building efforts enable parents to actively support implementation activities, improving outcomes for students with disabilities.

ATS helps students with disabilities, families, educators, agency personnel, & community members prepare for the transition from school to adult life, aiming for positive post-school outcomes. ATS activities include transition fairs, CIRCLES (Communicating Interagency Relationships & Collaborative Linkages for Exceptional Students), Film Camp, & parent involvement in person-centered transition planning. Through College Bound Arkansas, families provide feedback & attend sessions to support their child's post-secondary success. ATS also helps LEAs implement the Self-Determined Learning Model of Instruction, an EBP that builds educator capacity to support students develop critical 21st-century skills. In the Post-School Outcomes Pilot, ATS assists schools in analyzing post-school outcome data collected one year after graduation & ensures that additional service requests from former students & families are addressed.

EARS offers free sign language classes for families of students who are deaf or hard of hearing (D/HH) & provides student-specific support for assistive hearing technology, communication, & academics through a tiered system. The program also offers TA at community events for families of children who are D/HH. Quarterly newsletters are sent to LEAs & families with educational updates & student success stories. Additionally, the Deaf Educational Services Specialist meets with families to share information on state programs, educational expectations, & strategies to strengthen literacy support for children who are D/HH. These activities build parent capacity, enabling them to better support their child's education. Learn more about Deaf Education Services: https://www.ardeafed.org/families.

ESVI offers consultation to families on using recommended low vision devices, large print or Braille books, mobility devices & assistive equipment. ESVI provides student-centered activities that foster communication between students & their families, strengthening relationships as families collaborate with their child's teacher.

The ECSEsection ensures that all children with disabilities ages 3-5 in Arkansas receive a Free Appropriate Public Education. It supports MPE in monitoring special education programs for compliance with state & federal regulations & provides TA for program improvement. The section focuses on improving outcomes for children with disabilities & ensuring all LEAs meet the IDEA requirements. Through the Building Access for Students in Classrooms (BASIC) Project, the ECSE section provides PD & coaching to expand high-quality, inclusive early childhood education for all students, especially students with disabilities. To learn more, visit: https://sites.google.com/view/the-basics-of-inclusion?usp=sharing.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

In addition to the details provided in the Broad Stakeholder Input section, the OSE employs diverse strategies to solicit public input from a wide range of stakeholders. In establishing the SPP/APR targets, the mechanisms for soliciting public input included the creation of a core stakeholder group, SEAC meetings, statewide conferences, & TCFEF (PTI) lead webinars & in-person meetings for families.

Public input was solicited for targets, data, and strategies via invitations sent out in early March 2021, with sessions beginning in April 2021. These sessions, held throughout the year (April, May, June, July, August, October, & January 2022), included both virtual and in-person meetings where participants received data sheets, engaged in breakout room discussions, and completed feedback forms or Google Forms. Notetakers captured feedback, ensuring diverse perspectives were heard and contributing to data analysis and strategy development.

The SAEC plays a critical role in providing input on target-setting, analyzing data, improvement activities, & progress evaluation. During this reporting period, quarterly meetings for the council were held in January, April, July, & October, & included the following diverse representatives: 9 parents, 2 advocates, 2 members from AR Rehabilitation Services, 2 members from Career & Technical Education, TCFEF, foster care, higher education, juvenile corrections, adult corrections, LEA special education supervisors, the McKinney-Vento administrator, 4 teachers & representatives from private & public charter schools. In these meetings, council members & public participants received updates on the stakeholder input sessions, compliance & dispute resolution indicators, & the SSIP. Discussions included the analysis of year-to-year changes & the different methodologies which could be applied. Additionally, these meetings focused on current & future state initiatives & how the initiatives could affect the data & impact student outcomes. Based on these discussions, council members provided input for future activities to inform the OSE on implementation efforts.

To further gather input for analyzing data, developing improvement strategies, & evaluating progress, the OSE invites stakeholders through various channels, including direct invitations, emails to LEAs, newsletters, Commissioner Memos (DESE website), the DESE event calendar, and listserv postings. Feedback is collected through notetaking, recording of sessions, surveys, & direct topic-specific surveys.

Through its partnership with AAEA, the OSE engaged beginning administrators & special education administrators to provide input on targets, improvement strategies, & the evaluation of progress. This diverse group of school leaders offered this feedback throughout the 2023-2024 school year via the ALL IN & Advancing Inclusive Principal Leadership initiatives. Feedback was gathered through surveys, webinars, & in-person meetings, ensuring that school leaders' perspectives, especially on special education & leadership development, are integrated into the revision of performance targets & inform improvement strategies to improve outcomes for students with disabilities.

In the 2023-2024 school year, the OSE solicited stakeholder input & feedback through various opportunities, including monthly LEA meetings, the Arkansas Collaborative Consultants (ACC) monthly meetings, the annual ACC Fall Convening, the Arkansas School-based Therapy Conference, the DESE Summit, monthly OSE meetings, monthly regional education service cooperative meetings, cross-agency content meetings, & statewide trainings such as the Meaningful Access Project, the ALL IN: Trainer of Trainers, THRIVE, & BX3. Stakeholder feedback was gathered through surveys, focus groups, feedback forms, in-person meetings & webinars & used to make improvements to training content, service delivery, scheduling, & data analysis, with a focus on ensuring meaningful access to the general education curriculum for all students. This ongoing feedback loop supports continuous refinement of strategies, helping to ensure that students with disabilities receive instruction alongside their peers. The impact of these efforts will be seen

in future student outcomes.

ATS also hosted multiple opportunities for feedback on Indicators 1, 2, 13, and 14 which relate to aspects of secondary transition. ATS organized sessions throughout the year, allowing stakeholders, including LEAs, transition teams, families, & students, the opportunity to collaboratively develop action plans for program improvements. The Transition Services Summit included sessions that analyzed data & monitored progress on all transition indicators, while Cadre meetings focused on identifying new strategies or interventions. Stakeholder input was continuously integrated into progress reviews through the school year.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

Stakeholder meetings in relation to target setting, data analysis and the development of improvement strategies for the FFY 2020-2025 SPP/APR are posted on the special education public reporting web page. This is updated in early spring. The website is: https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting.

**Reporting to the Public**

**How and where the State reported to the public on the FFY 2022 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 2022 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.**

https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

## Intro - Required Actions

# Indicator 1: Graduation

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

**Data Source**

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

**Measurement**

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma in the numerator and the number of all youth with IEPs who exited high school (ages 14-21) in the denominator.

**Instructions**

*Sampling is not allowed.*

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

## 1 - Indicator Data

**Historical Data**

| Baseline Year | Baseline Data |
| --- | --- |
| 2018 | 87.56% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
| --- | --- | --- | --- | --- | --- |
| Target >= | 85.91% | 86.72% | 88.00% | 88.00% | 88.00% |
| Data | 84.61% | 82.58% | 90.86% | 89.76% | 88.97% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
| --- | --- | --- | --- |
| Target >= | 88.00% | 88.00% | 88.00% |

**Targets: Description of Stakeholder Input**

Arkansas selected the 2017-18 618 exiting data for the baseline year.

Through various stakeholder input sessions, the stakeholders wanted an average of the three years prior to 2019-20 because of the effects from the pandemic. School year 2017-18 best represented the three year average. Discussions were held around using a standard deviation, moving average, annual percentage point change or selecting a flat rate similar to what the state had under NCLB. The final decision was to set a flat rate of 88% as the target for all years.

In the 2022-23 school year, Arkansas saw it's first cohort of students graduate with an alternate diploma. We recognize that this group will be small and have already accounted for them when targets were set. Therefore, our stakeholders along with the State do not anticipate a change in targets in the future.

**Prepopulated Data**

| Source | Date | Description | Data |
| --- | --- | --- | --- |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 3,715 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | 21 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 61 |

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 14 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 319 |

**FFY 2023 SPP/APR Data**

| Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 3,715 | 4,130 | 88.97% | 88.00% | 89.95% | Met target | No Slippage |

**Graduation Conditions**

**Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.**

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)**


# 1 - Prior FFY Required Actions

None


# 1 - OSEP Response


# 1 - Required Actions

# Indicator 2: Drop Out

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator**: Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

### Data Source

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

### Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who exited special education (ages 14-21) in the denominator.

### Instructions

*Sampling is not allowed.*

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

## 2 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2018 | 10.69% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target <= | 1.98% | 1.82% | 10.00% | 10.00% | 10.00% |
| Data | 1.62% | 1.65% | 7.28% | 8.47% | 9.38% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target <= | 10.00% | 10.00% | 10.00% |

### Targets: Description of Stakeholder Input

Arkansas selected the 2017-18 618 exiting data for the baseline year.

Through various stakeholder input sessions, the stakeholders wanted to align the drop out baseline year with graduation. Target setting discussions were held around using a standard deviation, moving average, annual percentage point change or selecting a flat rate. The final decision was to set a flat rate of 10% as the target for all years. Ten percent is the average rate for recent years prior to the pandemic.

In discussion with stakeholders over the past year, by setting the drop out targets at 10% and the graduation target at 88%, this allows Arkansas to account for the future alternate pathway graduates in the remaining 2% along with those students reaching maximum age and graduating with a certificate. The first cohort of pathway graduates in the 2022-23 school year.

### Prepopulated Data

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 3,715 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) | 21 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 61 |

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 14 |
| SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 02/21/2024 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 319 |

**FFY 2023 SPP/APR Data**

| Number of youth with IEPs (ages 14-21) who exited special education due to dropping out | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 319 | 4,130 | 9.38% | 10.00% | 7.72% | Met target | No Slippage |

**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.**

**Provide additional information about this indicator (optional)**

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3A: Participation for Children with IEPs

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

      A. Participation rate for children with IEPs.

      B. Proficiency rate for children with IEPs against grade level academic achievement standards.

      C. Proficiency rate for children with IEPs against alternate academic achievement standards.

      D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

3A. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS185 and 188.

**Measurement**

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

**Instructions**

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

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

Indicator 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3A - Indicator Data

**Historical Data:**

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---|---|---|---|---|
| Reading | A | Grade 4 | 2020 | 97.85% |
| Reading | B | Grade 8 | 2020 | 95.28% |
| Reading | C | Grade HS | 2020 | 93.00% |
| Math | A | Grade 4 | 2020 | 98.04% |
| Math | B | Grade 8 | 2020 | 95.75% |
| Math | C | Grade HS | 2020 | 93.85% |

**Targets**

| Subject | Group | Group Name | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Reading | A >= | Grade 4 | 95.00% | 95.00% | 95.00% |
| Reading | B >= | Grade 8 | 95.00% | 95.00% | 95.00% |
| Reading | C >= | Grade HS | 95.00% | 95.00% | 95.00% |
| Math | A >= | Grade 4 | 95.00% | 95.00% | 95.00% |
| Math | B >= | Grade 8 | 95.00% | 95.00% | 95.00% |
| Math | C >= | Grade HS | 95.00% | 95.00% | 95.00% |

**Targets: Description of Stakeholder Input**

During the stakeholder virtual and in person meetings on assessment, stakeholders agreed to maintain the 95% participation requirement of ESEA for all grade levels and subject matters across the years of the SPP.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2023-24 Assessment Data Groups - Reading  (EDFacts file spec FS188; Data Group: 589)

**Date:**

01/08/2025

**Reading Assessment Participation Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs (2) | 6,016 | 4,988 | 9,877 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 5,259 | 4,455 | 8,832 |
| c. Children with IEPs in regular assessment with accommodations (3) | 363 | 135 | 194 |
| d. Children with IEPs in alternate assessment against alternate standards | 355 | 302 | 616 |

**Data Source:**

SY 2023-24 Assessment Data Groups - Math  (EDFacts file spec FS185; Data Group: 588)

**Date:**

01/08/2025

**Math Assessment Participation Data by Grade**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs (2) | 7,015 | 5,788 | 11,975 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 6,375 | 5,304 | 10,986 |
| c. Children with IEPs in regular assessment with accommodations (3) | 196 | 45 | 54 |
| d. Children with IEPs in alternate assessment against alternate standards | 402 | 341 | 738 |

(1) The children with IEPs who are English learners and took the ELP in lieu of the regular reading/language arts assessment are not included in the prefilled data in this indicator.

(2) The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row A for all the prefilled data in this indicator.

(3) The term "regular assessment" is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

**FFY 2023 SPP/APR Data: Reading Assessment**

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 5,977 | 6,016 | 99.31% | 95.00% | 99.35% | Met target | No Slippage |
| B | Grade 8 | 4,892 | 4,988 | 98.44% | 95.00% | 98.08% | Met target | No Slippage |
| C | Grade HS | 9,642 | 9,877 | 97.60% | 95.00% | 97.62% | Met target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 6,973 | 7,015 | 99.41% | 95.00% | 99.40% | Met target | No Slippage |
| B | Grade 8 | 5,690 | 5,788 | 98.63% | 95.00% | 98.31% | Met target | No Slippage |
| C | Grade HS | 11,778 | 11,975 | 98.01% | 95.00% | 98.35% | Met target | No Slippage |

**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.**

Arkansas's publicly available assessment data can be found at https://myschoolinfo.arkansas.gov/ and https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting

**Provide additional information about this indicator (optional)**

Prior FFY 2022 Required Action from Determination letter
Within 90 days of the receipt of the State's 2024 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2022, to the public, on the statewide assessments of children with disabilities in accordance with 34 C.F.R. § 300.160(f). In addition, OSEP reminds the State that in the FFY 2023 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2023. Below are the requested weblinks:

Arkansas submitted the following to our OSEP Lead September 11, 2024

The following links are being sent to serve as compliance with the required action from OSEP regarding Indicator 3A of the SPP/APR.  More specifically, within 90 days of the receipt of the State's 2024 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2022, to the public, on the statewide assessments of children with disabilities in accordance with 34 C.F.R. § 300.160(f). In addition, OSEP reminds the State that in the FFY 2023 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2023. Below are the requested weblinks:

Link to the PDF:
https://arksped.ade.arkansas.gov/documents/data_n_research/PublicReporting/AS22_AR.pdf

Link to public reporting (file is linked at the bottom of the page)
https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting

On a monthly call in October 2024, OSEP notified the state that they were in compliance.

# 3A - Prior FFY Required Actions

Within 90 days of the receipt of the State's 2024 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2022, to the public, on the statewide assessments of children with disabilities in accordance with 34 C.F.R. § 300.160(f). In addition, OSEP reminds the State that in the FFY 2023 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2023.

**Response to actions required in FFY 2022 SPP/APR**

On Wednesday, September 11, 2024, the Arkansas Director of Special Education provided the requested weblinks via email to Susan Murray:
Link to the PDF:
https://arksped.ade.arkansas.gov/documents/data_n_research/PublicReporting/AS22_AR.pdf
Link to public reporting (the file is linked at the bottom of the page):
https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting

# 3A - OSEP Response

# 3A - Required Actions

# Indicator 3B: Proficiency for Children with IEPs (Grade Level Academic Achievement Standards)

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

3B. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

**Measurement**

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

**Instructions**

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

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

Indicator 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3B - Indicator Data

**Historical Data:**

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 6.68% |
| Reading | B | Grade 8 | 2020 | 4.46% |
| Reading | C | Grade HS | 2020 | 3.56% |
| Math | A | Grade 4 | 2020 | 14.23% |
| Math | B | Grade 8 | 2020 | 3.54% |
| Math | C | Grade HS | 2020 | 2.58% |

**Targets**

| Subject | Group | Group Name | 2023 | 2024 | 2025 |
|---------|-------|------------|------|------|------|
| Reading | A >= | Grade 4 | 7.36% | 7.59% | 7.81% |
| Reading | B >= | Grade 8 | 5.27% | 5.55% | 5.83% |
| Reading | C >= | Grade HS | 3.99% | 4.14% | 4.29% |
| Math | A >= | Grade 4 | 15.24% | 15.57% | 15.91% |
| Math | B >= | Grade 8 | 4.40% | 4.69% | 4.98% |
| Math | C >= | Grade HS | 2.96% | 3.08% | 3.21% |

**Targets: Description of Stakeholder Input**

During the stakeholder virtual and in person meetings on assessment, stakeholders agreed to establish the baseline using the data from school year 2020-21. Additionally, stakeholder feedback recommended increasing the targets for each grade and subject by one standard deviation by FFY 2025. Standard deviations were calculated for each grade and subject using current and historical data. The standard deviation(s) were proportionately applied to establish the year to year increases from baseline for each grade level and subject matter.

Stakeholders were informed of a new statewide regular assessment being implemented in the 2023-24 school year. These data were not available for analysis until mid-December 2024 limiting the availability of time to engage in stakeholders around this information. A discussion at the January 2025 State Advisory Council meeting resulted in a recommendation to leave the targets and baseline unchanged. The Council suggested that OSE examine two years of data on the new assessment to determine if a new baseline and targets should be established.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 5,622 | 4,590 | 9,026 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 498 | 145 | 331 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 16 | 2 | 5 |

**Data Source:**

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 6,571 | 5,349 | 11,040 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 763 | 389 | 303 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 17 | 8 | 4 |

(1)The term "regular assessment" is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

**FFY 2023 SPP/APR Data: Reading Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 514 | 5,622 | 8.07% | 7.36% | 9.14% | Met target | No Slippage |
| B | Grade 8 | 147 | 4,590 | 5.16% | 5.27% | 3.20% | Did not meet target | Slippage |
| C | Grade HS | 336 | 9,026 | 4.48% | 3.99% | 3.72% | Did not meet target | Slippage |

**Provide reasons for slippage for Group B, if applicable**

Comparing year to year differences is a challenge since each grade represents a different group of students than the previous year. To add to that challenge, in the 2023-24 school year Arkansas implemented a new regular assessment named ATLAS. The ATLAS is based on Arkansas literacy,

math and science standards.

Research indicates that performance often declines during the first year of implementing a new summative assessment for various reasons. Schools may not yet fully understand the assessment's formatting, rigor, or content, which can impact student outcomes. Additionally, changes to proficiency cut-off scores or performance level descriptors can create higher benchmarks, making it more difficult for students to meet proficiency standards.

The state also considered other variables besides the change in assessment such as instructional and student factors. These factors collectively highlight the need for targeted interventions, professional development, and instructional strategies to better support students with IEPs in achieving grade-level proficiency.

**Provide reasons for slippage for Group C, if applicable**

Comparing year to year differences is a challenge since each grade represents a different group of students than the previous year. To add to that challenge, in the 2023-24 school year Arkansas implemented a new regular assessment named ATLAS. The ATLAS is based on Arkansas literacy, math and science standards.

Research indicates that performance often declines during the first year of implementing a new summative assessment for various reasons. Schools may not yet fully understand the assessment's formatting, rigor, or content, which can impact student outcomes. Additionally, changes to proficiency cut-off scores or performance level descriptors can create higher benchmarks, making it more difficult for students to meet proficiency standards.

The state also considered other variables besides the change in assessment such as instructional and student factors. These factors collectively highlight the need for targeted interventions, professional development, and instructional strategies to better support students with IEPs in achieving grade-level proficiency.

**FFY 2023 SPP/APR Data: Math Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 780 | 6,571 | 17.94% | 15.24% | 11.87% | Did not meet target | Slippage |
| B | Grade 8 | 397 | 5,349 | 4.11% | 4.40% | 7.42% | Met target | No Slippage |
| C | Grade HS | 307 | 11,040 | 2.26% | 2.96% | 2.78% | Did not meet target | No Slippage |

**Provide reasons for slippage for Group A, if applicable**

Comparing year to year differences is a challenge since each grade represents a different group of students than the previous year. To add to that challenge, in the 2023-24 school year Arkansas implemented a new regular assessment named ATLAS. The ATLAS is based on Arkansas literacy, math and science standards.

Research indicates that performance often declines during the first year of implementing a new summative assessment for various reasons. Schools may not yet fully understand the assessment's formatting, rigor, or content, which can impact student outcomes. Additionally, changes to proficiency cut-off scores or performance level descriptors can create higher benchmarks, making it more difficult for students to meet proficiency standards.

The state also considered other variables besides the change in assessment such as instructional and student factors. These factors collectively highlight the need for targeted interventions, professional development, and instructional strategies to better support students with IEPs in achieving grade-level proficiency.

**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.**

Arkansas's publicly available assessment data can be found at https://myschoolinfo.arkansas.gov/ and https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting (bottom of page)

**Provide additional information about this indicator (optional)**

# 3B - Prior FFY Required Actions

None

**3B - OSEP Response**


**3B - Required Actions**

# Indicator 3C: Proficiency for Children with IEPs (Alternate Academic Achievement Standards)

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

        A. Participation rate for children with IEPs.

        B. Proficiency rate for children with IEPs against grade level academic achievement standards.

        C. Proficiency rate for children with IEPs against alternate academic achievement standards.

        D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

3C. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

**Measurement**

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

**Instructions**

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

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

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3C - Indicator Data

**Historical Data:**

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A | Grade 4 | 2020 | 30.57% |
| Reading | B | Grade 8 | 2020 | 15.00% |
| Reading | C | Grade HS | 2020 | 11.21% |
| Math | A | Grade 4 | 2020 | 11.50% |
| Math | B | Grade 8 | 2020 | 12.04% |
| Math | C | Grade HS | 2020 | 15.21% |

**Targets**

| Subject | Group | Group Name | 2023 | 2024 | 2025 |
|---------|-------|------------|------|------|------|
| Reading | A >= | Grade 4 | 36.83% | 38.91% | 40.99% |
| Reading | B >= | Grade 8 | 22.05% | 24.13% | 26.22% |
| Reading | C >= | Grade HS | 20.52% | 22.60% | 24.69% |
| Math | A >= | Grade 4 | 21.77% | 25.20% | 28.62% |
| Math | B >= | Grade 8 | 24.82% | 29.08% | 33.33% |
| Math | C >= | Grade HS | 27.25% | 31.26% | 35.28% |

**Targets: Description of Stakeholder Input**

During the stakeholder virtual and in person meetings on assessment, stakeholders agreed to establish the baseline using data from the 2020/21 school year. Additionally, stakeholder feedback recommended increasing the targets for each grade level and subject matter using a full or partial standard deviation. Standard deviations were calculated for each grade and subject using current and historical data. Based on the historical and current data, math targets were set to increase by 1/3 of a standard deviation by FFY 2025 for all grades. For reading language arts, fourth grade targets are set to increase by a full standard deviation by FFY 2025; eighth grade will increase by 1/2 of a standard deviation, and high school will increase by 1/4 of a standard deviation. All interim year targets were proportionately increased for grade level and subject matter, accordingly.

With stakeholder input, Arkansas revised its criteria for alternate assessment participation. Over the past three years the percent of students participating in the alternate assessment has fallen below the 1% ESSA requirement

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 355 | 302 | 616 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 140 | 66 | 53 |

**Data Source:**

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 402 | 341 | 738 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 64 | 37 | 157 |

**FFY 2023 SPP/APR Data: Reading Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 140 | 355 | 39.64% | 36.83% | 39.44% | Met target | No Slippage |
| B | Grade 8 | 66 | 302 | 18.24% | 22.05% | 21.85% | Did not meet target | No Slippage |
| C | Grade HS | 53 | 616 | 6.89% | 20.52% | 8.60% | Did not meet target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|---|
| A | Grade 4 | 64 | 402 | 13.06% | 21.77% | 15.92% | Did not meet target | No Slippage |
| B | Grade 8 | 37 | 341 | 10.14% | 24.82% | 10.85% | Did not meet target | No Slippage |
| C | Grade HS | 157 | 738 | 17.89% | 27.25% | 21.27% | Did not meet target | No Slippage |

**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.**

Arkansas's publicly available assessment data can be found at https://myschoolinfo.arkansas.gov/ and https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting

**Provide additional information about this indicator (optional)**


## 3C - Prior FFY Required Actions

None


## 3C - OSEP Response


## 3C - Required Actions

## Indicator 3D: Gap in Proficiency Rates (Grade Level Academic Achievement Standards)

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

      A. Participation rate for children with IEPs.

      B. Proficiency rate for children with IEPs against grade level academic achievement standards.

      C. Proficiency rate for children with IEPs against alternate academic achievement standards.

      D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

3D. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

**Measurement**

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2023-2024 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2023-2024 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

**Instructions**

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

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

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2023-2024 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2023-2024 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3D - Indicator Data

**Historical Data:**

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|-----------|---------------|---------------|
| Reading | A | Grade 4 | 2018 | 35.74 |
| Reading | B | Grade 8 | 2018 | 43.33 |
| Reading | C | Grade HS | 2018 | 38.14 |
| Math | A | Grade 4 | 2018 | 34.34 |
| Math | B | Grade 8 | 2018 | 41.47 |
| Math | C | Grade HS | 2018 | 28.71 |

**Targets**

| Subject | Group | Group Name | 2023 | 2024 | 2025 |
|---------|-------|-----------|------|------|------|
| Reading | A <= | Grade 4 | 33.74 | 33.24 | 32.74 |
| Reading | B <= | Grade 8 | 41.10 | 40.55 | 40.00 |
| Reading | C <= | Grade HS | 35.16 | 34.79 | 34.12 |
| Math | A <= | Grade 4 | 32.30 | 31.79 | 31.28 |
| Math | B <= | Grade 8 | 36.07 | 34.72 | 33.37 |
| Math | C <= | Grade HS | 26.84 | 26.38 | 25.91 |

**Targets: Description of Stakeholder Input**

During the stakeholder virtual and in person meetings on assessment, stakeholders agreed to establish the baseline using the data from school year 2020-21. Additionally, stakeholder feedback recommended increasing the targets for each grade and subject by one standard deviation by FFY 2025. Standard deviations were calculated for each grade and subject using current and historical data. The standard deviation(s) were proportionately applied to establish the year to year increases from baseline for each grade level and subject matter.

Stakeholders were informed of a new statewide regular assessment being implemented in the 2023-24 school year. These data were not available for analysis until mid-December 2024 limiting the availability of time to engage in stakeholders around this information. A discussion at the January 2025 State Advisory Council meeting resulted in a recommendation to leave the targets and baseline unchanged. The Council suggested that OSE examine two years of data on the new assessment to determine if a new baseline and targets should be established.

**FFY 2023 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

01/08/2025

**Reading Assessment Proficiency Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 35,441 | 36,464 | 75,756 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 5,622 | 4,590 | 9,026 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 12,746 | 11,683 | 24,212 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 16 | 2 | 6 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 498 | 145 | 331 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 16 | 2 | 5 |

**Data Source:**

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/08/2025

**Math Assessment Proficiency Data by Grade (1)**

| Group | Grade 4 | Grade 8 | Grade HS |
|---|---|---|---|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 41,961 | 43,159 | 81,644 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 6,571 | 5,349 | 11,040 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 16,492 | 15,879 | 15,101 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 19 | 8 | 5 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 763 | 389 | 303 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 17 | 8 | 4 |

(1)The term "regular assessment" is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

**FFY 2023 SPP/APR Data: Reading Assessment**

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|-------|-----------|------|------|------|------|------|------|------|
| A | Grade 4 | 9.14% | 36.01% | 27.16 | 33.74 | 26.87 | Met target | No Slippage |
| B | Grade 8 | 3.20% | 32.05% | 38.21 | 41.10 | 28.84 | Met target | No Slippage |
| C | Grade HS | 3.72% | 31.97% | 37.56 | 35.16 | 28.25 | Met target | No Slippage |

**FFY 2023 SPP/APR Data: Math Assessment**

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|-------|-----------|------|------|------|------|------|------|------|
| A | Grade 4 | 11.87% | 39.35% | 30.71 | 32.30 | 27.48 | Met target | No Slippage |
| B | Grade 8 | 7.42% | 36.81% | 33.81 | 36.07 | 29.39 | Met target | No Slippage |
| C | Grade HS | 2.78% | 18.50% | 21.31 | 26.84 | 15.72 | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

## 3D - Prior FFY Required Actions

None

## 3D - OSEP Response

## 3D - Required Actions

# Indicator 4A: Suspension/Expulsion

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results Indicator:** Rates of suspension and expulsion:

> A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

> B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

### Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

### Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

### Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

> -- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or

> -- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

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

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2022-2023 (which can be found in the FFY 2022 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon LEAs that met the minimum n and/or cell size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 4A - Indicator Data

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2016 | 30.14% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target <= | 29.50% | 29.50% | 29.80% | 29.50% | 29.20% |
| Data | 30.51% | 29.51% | 10.53% | | 29.63% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target <= | 28.90% | 28.60% | 28.30% |

**Targets: Description of Stakeholder Input**

The measurement of the indicator was discussed with stakeholders and they agreed to keep the current non-disabled peers rate (general education) to special education rate difference at 1.36 percentage points. The difference is calculated for all LEAs with comparable datasets and reported on the LEA APR profiles.

The current cell size of 5 or more SWD who have received more than 10 days of OSS/Expulsion was established in FY 2020 with stakeholder input.

Stakeholders believed identifying an LEA as having a significant discrepancy in discipline for having 1 or 2 SWD exceeding the 10 days and exceeding the 1.36 percentage point difference was punitive. They further felt that the cell size of 5 was a more accurate representation of disciplinary discrepancies and it further aligned with the significant disproportionality cell size.

To be identified as having a significant discrepancy in discipline, an LEA must have at least 5 SWD who received more than 10 days of out-of-school suspension or expulsions and a special education rate more than 1.36 percentage points above their non-disabled peers rate (general education rate).

The 2019-20 and 2020-21 discipline data was highly affected by the pandemic and the decision was made with stakeholder feedback to decrease the targets annually by 0.3 percentage points. While the data has returned to pre-pandemic levels, ongoing conversations with stakeholders resulted in no change to the baseline or targets at this time.

**FFY 2023 SPP/APR Data**

**Has the state established a minimum n/cell-size requirement? (yes/no)**

YES

**If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).**

The State's cell size of 5 represents the number of children with disabilities who have received more than 10 days of OSS/Expulsion. This is the numerator of the special education rate.

There is no minimum n or cell size for calculating the rate of non-disabled 9general education) students with OSS/expulsion greater than 10 days.

**If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.**

With input from stakeholders and a review of prior years' data, it was determined that using an cell-size of 5 reduced the number of LEAs flagged due to only having 1 or 2 children with disabilities who have received more than 10 days of OSS/Expulsion.

Additionally, 45% of all LEAs had zero SWD receiving an OSS/Expulsion and that rate increases to 61% when including LEAs with one or less SWDs receiving an OSS/Expulsion

**If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.**

There is no change to the minimum n and/or cell size

**If yes, the State must provide an explanation why the minimum n and/or cell size was changed.**

No change was made

**If yes, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.**

240

| Number of LEAs that have a significant discrepancy | Number of LEAs that met the State's minimum n/cell-size | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 10 | 36 | 29.63% | 28.90% | 27.78% | Met 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**

Definition and Methodology
An LEA who has a at least 5 SWD with more than 10 days of OSS/expulsion and their special education rate is more than the 1.36 percentage points above their non-disabled peers rate are identified as having a significant discrepancy and are required to complete and submit a self-assessment for SEA review to determine if their identification is a result of inappropriate policies, procedures, and/or practices.

The Indicator 4A denominator is comprised of LEAs with at least 5 SWD receiving more than 10 days of OSS/Expulsion. The numerator is comprised of the LEAs who in addition to meeting the denominator also has a percentage point difference greater than 1.36 when comparing special education rate to the non-disabled peers (general education) rate with more than 10 days of OSS/Expulsion.

However, the difference between special education rate and non-disabled peers rate (general education) is calculated for all districts even if they do not have at least 5 SWD with more than 10 days of OSS/expulsion.

The formula to identify if LEAs exceed the 1.36 percentage point difference is: Suspension and expulsion rate for children with disabilities – Suspension and expulsion rate for general education students = Difference between Special Education & General Education students.

Data Collection
Arkansas collects student discipline data at the individual student level for all students through the statewide student management system. Discipline data are submitted to the Office of Information Technology during Cycle 7 (June) each year. Upon closing the cycle, the DESE-OSE receives two data pulls, an aggregate unduplicated count of non-disabled (general education) students meeting the greater than 10 days out of school suspensions or expulsions criteria along with the non-disabled (general education) students enrollment count by LEA to establish the general education rate. The second dataset is a student level discipline file for children with disabilities which is aggregated into the 618 reporting. This dataset along with child count for the denominator establishes the special education discipline rate. These datasets allow for the comparative analysis.

**Provide additional information about this indicator (optional)**


**Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 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.**

Ten districts were required to complete a review of policies, procedures, and practices. 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 tool can be accessed at https://dese.ade.arkansas.gov/Offices/special-education/monitoring-and-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.

All 10 of the LEAs flagged submitted their self-assessments by the appropriate deadline. The staff of the Office of Special Education Monitoring/Program Effectiveness section reviewed the completed self-assessments and determined that all 10 LEAs were in compliance.

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


The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)


**Correction of Findings of Noncompliance Identified in FFY 2022**

| 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 2022 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 the LEA's self-assessment through desk audits and on-site visits to determine whether an LEA was compliant with Part B requirements

Through the self-assessment review conducted by the Monitoring Program Effectiveness Section, the LEA was issued a district level finding which

required them to review and revise their discipline procedures.

To verify the systemic noncompliance identified the State conducted a desk audit of submitted updated discipline procedures. DESE-OSE provided feedback and the district revised the procedures based on the feedback. After the district resubmitted the procedures, DESE-OSE reviewed and approved them and notified the district they needed to train staff on the approved procedures. They also had to post the procedures on the website.

The district submitted training evidence and a link to the revised procedures and upon further review of the evidence, DESE-OSE sent a close out letter notifying the district they had met all requirements.

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

The finding of noncompliance was an LEA level finding not an individual child case of noncompliance; therefore, it is not applicable as stated in C-7 of the general supervision guidance (23-01).

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 4A - Prior FFY Required Actions

The State must report, in the FFY 2023 SPP/APR, on the correction of noncompliance that the State identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**Response to actions required in FFY 2022 SPP/APR**

Please see the FFY 2022 Findings of Noncompliance Verified as Corrected section

## 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:

> A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

> B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

### Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

### Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

### Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, by race and ethnicity, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA, by race and ethnicity).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy, by race and ethnicity. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

> -- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or

> -- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

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

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, by race and ethnicity, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs, by race and ethnicity, to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2022 SPP/APR submission, States must use the number of LEAs reported in 2022-2023 (which can be found in the FFY 2022 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Targets must be 0% for 4B.

## 4B - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2016 | 0.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.38% | 0.38% | 0.00% | | 0.38% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 0% | 0% | 0% |

**FFY 2023 SPP/APR Data**

**Has the state established a minimum n/cell-size requirement? (yes/no)**

YES

**If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).**

Arkansas has a multi-step criteria to its minimum n size
1. an LEA has a Special Education Child Count of more than 40 students
2. an LEA has a Special Education Child Count with more than 10 students in a particular race/ethnicity.
These two components establish the denominator for this measurement.

The State's numerator cell size of 5 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA

**If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.**

Conversations with various stakeholder groups guided the establishment of minimum cell and n sizes.

As Arkansas began to have a growing number of charter schools, the minimum child count of 40 was established to ensure reliability within the analysis. Additional analysis also revealed that Arkansas had a few small rural LEAs with child counts below 40. While at this time this event is rare, the 40-child count has been maintained to protect small LEAs from coincidental identification.

The criteria of 10 students in a particular race/ethnicity, once again protects LEAs with extremely small counts. No LEAs are excluded from analysis for every racial/ethnic group.

The cell size of 5 aligns with what is used in Indicator 4A, 9 and 10

**If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.**

There was no change

**If yes, the State must provide an explanation why the minimum n and/or cell size was changed.**

There was no change

**If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.**

18

| Number of LEAs that have a significant discrepancy, by race or ethnicity | Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements | Number of LEAs that met the State's minimum n/cell-size | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 5 | 0 | 259 | 0.38% | 0% | 0.00% | Met 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

**Were all races and ethnicities included in the review?**

YES

**State's definition of "significant discrepancy" and methodology**

The definition and measurement for 4B uses a percentage point difference calculation within the LEA for a single year. The calculation is the difference of a specific race for SWD with suspension and expulsion exceeding 10 days minus the percent of all no-disabled students with suspension/expulsion exceeding 10 days within the LEA (the same rate used for Indicator 4A).

1. an LEA has a Special Education Child Count of more than 40 students
2. an LEA has a Special Education Child Count with more than 10 students in a particular race/ethnicity
3. an LEA has a Special Education OSS/expulsion count of 5 or greater in a particular race

Districts identified as having a percentage point difference greater than 4.00 (special education suspension and expulsion rate for a specific race is greater than four percentage points than general education suspension and expulsion rate), and meeting the following criteria are flagged as having a significant discrepancy by race/ethnicity.

The flagged LEAs are required to complete and submit a self-assessment for the review of discipline policies, procedures, and practices.

**Provide additional information about this indicator (optional)**


**Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 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 zero LEAs identified as having inappropriate policies, procedures, and practices related to race/ethnicity within disciplinary actions. The self-assessment tool required a team approach and review of student level data for completion.

The State identified five districts in 2022-23 as having a Significant Discrepancy by Race/Ethnicity. In the Spring of 2024, they completed a self–assessment of policies, procedures, and practices related to disciplinary actions. The State reviewed each of the LEA's self-assessment for procedural safeguards related to discipline, functional behavior assessments, positive behavioral supports, and intervention planning as well as staff training. When necessary, the LEA was contacted for clarification and directed to resubmit. The State verified the LEA's self-assessment through desk audits and on-site visits to determine whether an LEA was in compliance with Part B requirements.

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.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)


**Correction of Findings of Noncompliance Identified in FFY 2022**

| 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 2022 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 the LEA's self-assessment through desk audits and on-site visits to determine whether an LEA was compliant with Part B requirements

Through the self-assessment review conducted by the Monitoring Program Effectiveness Section, the LEA was issued a district level finding which required them to review and revise their discipline procedures.

To verify the systemic noncompliance identified the State conducted a desk audit of submitted updated discipline procedures. DESE-OSE provided feedback and the district revised the procedures based on the feedback. After the district resubmitted the procedures, DESE-OSE reviewed and approved them and notified the district they needed to train staff on the approved procedures. They also had to post the procedures on the website.

The district submitted training evidence and a link to the revised procedures and upon further review of the evidence, DESE-OSE sent a close out letter notifying the district they had met all requirements.

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

The finding of noncompliance was an LEA level finding not an individual child case of noncompliance; therefore, it is not applicable as stated in C-7 of the general supervision guidance (23-01).

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## 4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the districts identified with noncompliance in FFY 2022 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

Please see the FFY 2022 Findings of Noncompliance Verified as Corrected section

## 4B - OSEP Response

## 4B- Required Actions

# Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

      A. Inside the regular class 80% or more of the day;

      B. Inside the regular class less than 40% of the day; and

      C. In separate schools, residential facilities, or homebound/hospital placements.

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

### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS002.

### Measurement

      A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

      B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

      C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)]times 100.

### Instructions

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

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

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

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

## 5 - Indicator Data

### Historical Data

| Part | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|------|----------|-----|------|------|------|------|------|
| A | 2019 | Target >= | 63.77% | 56.94% | 57.32% | 57.70% | 58.07% |
| A | 56.94% | Data | 54.32% | 56.94% | 58.83% | 59.81% | 65.54% |
| B | 2019 | Target <= | 12.00% | 12.18% | 12.08% | 11.98% | 11.88% |
| B | 12.18% | Data | 12.72% | 12.18% | 11.66% | 11.56% | 10.74% |
| C | 2019 | Target <= | 2.40% | 2.01% | 1.99% | 1.99% | 1.99% |
| C | 2.01% | Data | 2.05% | 2.01% | 1.92% | 1.78% | 1.79% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target A >= | 58.45% | 58.82% | 59.20% |
| Target B <= | 11.78% | 11.68% | 11.58% |
| Target C <= | 1.99% | 1.99% | 1.99% |

### Targets: Description of Stakeholder Input

During the stakeholder virtual and in person meetings on school age educational environment stakeholders were informed that the baseline year was already established in the prior SPP/APR when we changed the data set. For the FFY 2020-2025 targets they recommended setting the targets for 5A to increase and 5B to decrease by one standard deviation by FFY 2025 and set 5C at a flat rate of 1.99%.

As Arkansas moves forward with its inclusion initiatives, the state will continue monitoring the outcomes and will share results with stakeholders allowing more input on the implementation strategies.

### Prepopulated Data

| Source | Date | Description | Data |
|--------|------|-------------|------|
| SY 2023-24 Child Count/Educational Environment | 07/31/2024 | Total number of children with IEPs aged 5 (kindergarten) through 21 | 71,532 |

| Source | Date | Description | Data |
|---|---|---|---|
| Data Groups (EDFacts file spec FS002; Data group 74) | | | |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 51,017 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 7,269 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools | 325 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities | 582 |
| SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/31/2024 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements | 273 |

**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 2023 SPP/APR Data**

| Education Environments | Number of children with IEPs aged 5 (kindergarten) through 21 served | Total number of children with IEPs aged 5 (kindergarten) through 21 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 51,017 | 71,532 | 65.54% | 58.45% | 71.32% | Met target | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 7,269 | 71,532 | 10.74% | 11.78% | 10.16% | Met target | No Slippage |
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 1,180 | 71,532 | 1.79% | 1.99% | 1.65% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Preschool Environments

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a:

    A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and

    B. Separate special education class, separate school, or residential facility.

    C. Receiving special education and related services in the home.

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

### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED *Facts* file specification FS089.

### Measurement

    A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

    B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

    C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

### Instructions

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

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (*e.g.*, 75-85%).

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

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

## 6 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**
NO

### Historical Data (Inclusive) – 6A, 6B, 6C

| Part | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|------|-----|------|------|------|------|------|
| A | Target >= | 35.94% | 20.74% | 21.44% | 22.13% | 22.83% |
| A | Data | 29.04% | 20.74% | 18.77% | 18.57% | 17.89% |
| B | Target <= | 26.65% | 20.21% | 19.73% | 19.25% | 18.77% |
| B | Data | 23.74% | 20.21% | 21.71% | 21.67% | 27.58% |
| C | Target <= |  |  | 1.08% | 1.04% | 1.00% |
| C | Data |  |  | 1.08% | 0.37% | 0.23% |

### Targets: Description of Stakeholder Input

During the stakeholder virtual and in person meetings on preschool educational environment stakeholders were informed that the baseline year was already established in the prior SPP/APR for 6A and 6B when we changed the data set. The stakeholders agreed on using the FFY 2020 data for the 6C baseline. Additional, discussions resulted in selecting a full or partial standard deviation to establish the FFY 2020-2025 targets. Indicator 6A and 6C will improve by a one standard deviation by FFY 2025 and 6B will improve by 1/2 of a standard deviation.

At various meetings across the state, including the quarterly Advisory Council, stakeholders were informed on early childhood inclusions initiatives. One such initiative is the Building Arkansas Strong through Inclusive Classrooms (BASIC) project. The ECSE section provides professional learning & coaching with intentionality on the expansion of high-quality early childhood inclusive education for all students, especially SWDs. As data and its results, on this and other initiatives which could affect this indicator, become available stakeholder groups will be provided opportunities to provide input on future target setting, implementation strategies, and activities.

**Targets**

**Please select if the State wants to set baselines and targets based on individual age ranges (i.e., separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.**

Inclusive Targets

**Please select if the State wants to use target ranges for 6C.**

Target Range not used

**Baselines for Inclusive Targets option (A, B, C)**

| Part | Baseline Year | Baseline Data |
|------|---------------|---------------|
| A | 2019 | 20.74% |
| B | 2019 | 20.21% |
| C | 2020 | 1.08% |

**Inclusive Targets – 6A, 6B**

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target A >= | 23.53% | 24.22% | 24.92% |
| Target B <= | 18.29% | 17.81% | 17.31% |

**Inclusive Targets – 6C**

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target C <= | 0.96% | 0.92% | 0.88% |

**Prepopulated Data**

**Data Source:**

SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

**Date:**

07/31/2024

| Description | 3 | 4 | 5 | 3 through 5 - Total |
|-------------|---|---|---|---------------------|
| Total number of children with IEPs | 2,814 | 5,182 | 2,248 | 10,244 |
| 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 | 550 | 1,254 | 563 | 2,367 |
| b1. Number of children attending separate special education class | 22 | 41 | 24 | 87 |
| b2. Number of children attending separate school | 1,052 | 1,208 | 530 | 2,790 |
| b3. Number of children attending residential facility | 1 | 2 | 1 | 4 |
| c1. Number of children receiving special education and related services in the home | 5 | 10 | 0 | 15 |

**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 2023 SPP/APR Data - Aged 3 through 5**

| Preschool Environments | Number of children with IEPs aged 3 through 5 served | Total number of children with IEPs aged 3 through 5 | FFY 2022 Data | FFY 2023 Target | FFY 2023 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 | 2,367 | 10,244 | 17.89% | 23.53% | 23.11% | Did not meet target | No Slippage |
| B. Separate special education class, separate school, or residential facility | 2,881 | 10,244 | 27.58% | 18.29% | 28.12% | Did not meet target | No Slippage |
| C. Home | 15 | 10,244 | 0.23% | 0.96% | 0.15% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: Preschool Outcomes

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and

C. Use of appropriate behaviors to meet their needs.

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

### Data Source

State selected data source.

### Measurement

Outcomes:

A. Positive social-emotional skills (including social relationships);
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1**: Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 1:** Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by (# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 2**: Percent = [(# of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e)) divided by (the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

### Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions on page 3 for additional instructions on sampling.)

In the measurement include, in the numerator and denominator, only children who received special education and related services for at least six months during the age span of three through five years.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

## 7 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| Part | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|------|----------|-----|------|------|------|------|------|
| A1 | 2008 | Target >= | 91.56% | 91.56% | 89.16% | 89.64% | 90.12% |
| A1 | 89.56% | Data | 87.89% | 88.70% | 87.32% | 90.06% | 89.50% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| A2 | 2008 | Target >= | 68.72% | 68.72% | 66.32% | 66.80% | 67.28% |
| A2 | 68.61% | Data | 57.92% | 63.66% | 62.57% | 64.60% | 65.04% |
| B1 | 2008 | Target >= | 92.38% | 92.38% | 89.98% | 90.46% | 90.64% |
| B1 | 89.64% | Data | 89.49% | 89.53% | 87.98% | 90.18% | 89.69% |
| B2 | 2008 | Target >= | 61.11% | 61.11% | 57.17% | 56.21% | 57.19% |
| B2 | 59.74% | Data | 45.15% | 48.27% | 47.93% | 48.43% | 50.63% |
| C1 | 2008 | Target >= | 92.13% | 92.13% | 90.71% | 89.73% | 90.21% |
| C1 | 91.68% | Data | 90.63% | 90.68% | 88.85% | 91.85% | 91.64% |
| C2 | 2008 | Target >= | 78.00% | 78.40% | 75.95% | 94.97% | 93.99% |
| C2 | 77.81% | Data | 65.22% | 70.18% | 70.08% | 70.75% | 72.41% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target A1 >= | 90.60% | 91.08% | 91.56% |
| Target A2 >= | 67.76% | 68.24% | 68.72% |
| Target B1 >= | 91.42% | 91.90% | 92.38% |
| Target B2 >= | 58.17% | 59.64% | 61.11% |
| Target C1 >= | 91.17% | 91.65% | 92.13% |
| Target C2 >= | 75.46% | 76.93% | 78.00% |

**Targets: Description of Stakeholder Input**

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.

There have been ongoing discussions with stakeholders about how to improve outcomes. Everyone has agreed that the first step to increased outcomes is ensuring children are being served in their Least Restrictive Environment (LRE). The Office of Special Education, Early Childhood Special Education (ECSE) program has formed a state-level collaborative team to address LRE in the early childhood setting. This group consists of members from Part B, Part C, various community-based preschool programs, state funded preschool, Head Start, local education agencies, higher education, parents of children with disabilities, and other stakeholders. The ECSE team used feedback to provide LRE and Outcomes trainings during the 2022-2023 school year and are offering these trainings in the 2023-2024 school year.

**FFY 2023 SPP/APR Data**

**Number of preschool children aged 3 through 5 with IEPs assessed**

5,470

**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 | 19 | 0.35% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 454 | 8.30% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,596 | 29.18% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,962 | 35.87% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,439 | 26.31% |

| Outcome A | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 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. *Calculation:(c+d)/(a+b+c+d)* | 3,558 | 4,031 | 89.50% | 90.60% | 88.27% | Did not meet target | Slippage |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 3,401 | 5,470 | 65.04% | 67.76% | 62.18% | Did not meet target | Slippage |

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

| Outcome B Progress Category | Number of Children | Percentage of Children |
|---|---|---|
| a. Preschool children who did not improve functioning | 32 | 0.59% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 571 | 10.44% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 2,318 | 42.38% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 2,077 | 37.97% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 472 | 8.63% |

| Outcome B | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 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. *Calculation: (c+d)/(a+b+c+d)* | 4,395 | 4,998 | 89.69% | 91.42% | 87.94% | Did not meet target | Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 2,549 | 5,470 | 50.63% | 58.17% | 46.60% | Did not meet target | Slippage |

**Outcome C: Use of appropriate behaviors to meet their needs**

| Outcome C Progress Category | Number of Children | Percentage of Children |
|---|---|---|
| a. Preschool children who did not improve functioning | 19 | 0.35% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 404 | 7.39% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,299 | 23.75% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 2,187 | 39.98% |

| Outcome C Progress Category | Number of Children | Percentage of Children |
|---|---|---|
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,561 | 28.54% |

| Outcome C | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)* | 3,486 | 3,909 | 91.64% | 91.17% | 89.18% | Did not meet target | Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 3,748 | 5,470 | 72.41% | 75.46% | 68.52% | Did not meet target | Slippage |

| Part | Reasons for slippage, if applicable |
|---|---|
| A1 | The children exiting the early childhood special education (ECSE) program during this timeframe are a unique group of children. These children spent their infant toddler years during the pandemic emergency. These children were mostly isolated, staying at home with parents who were, predominantly, not trained educators or often even greatly familiar with child development facilitation. School-aged programs often relied on parents to assist with mandatory education and assignments, leaving little energy and patience for them to research and prepare activities for the infants and toddlers in their home. Compound this with the high levels of poverty and ACES experienced by families in Arkansas, children were getting little exposure to quality daily interactions and turn-taking language interactions needed to promote development. As a result, many of these children also showed an increase in screen time, resulting in less interactions with peers and adults. <br><br> With these facts in mind, there is little doubt that the early skills, general development, and neural pathways utilized for social interaction were not developed to the extent of their predecessors. These children not only missed the opportunity to interaction with nonfamilial peers and develop friendships, but this absence occurred over multiple years – probably the most impacted group of children over that time period. These children entered their preschool years more delayed than children in previous years, requiring a more extensive increase to bring them to alignment with typical milestones. <br><br> Due to the significance of the delays, potential lags in development created by this absence, and the unknown timeframe needed to bridge that gap, children did not demonstrate the growth typically seen with our population. |
| A2 | The above facts had an impact on this indicator as well. During the pandemic, fewer children were visiting physician's offices or attending childcare programs where identification for early intervention was possible. Our Arkansas parents who had been working for hourly wages, did not re-enter the workforce as quickly as hoped due to a slow business recovery and lack of infant toddler childcare. This resulted in at least one parent often remaining home to care for the younger children, compounding the lack of identification and services. ECSE child count numbers did not fully recover until only recently. These children who were infants and toddlers during the pandemic entered the early childhood special education program with more significant delays, requiring more time and intervention to achieve growth. While many children exhibited growth, the timeframe for ECSE services did not allow children to achieve a level of growth to bring them into alignment with age expectations prior to exit. More time is needed in direct contact with peers and nonfamilial adults and direct teaching of these skills. |
| B1 | The uniqueness of this particular group of children has also caused a particular set of issues with services and communication with our community-based partners. As we know, these children were mostly isolated, staying at home with parents who were, predominantly, not trained educators or often even greatly familiar with child development facilitation. The lack of direct instruction and practice in social emotional skills caused a shift in the content of the instructional environment. More children than normal entered preschool settings not "ready" to learn more academic content. Attention spans were shorter, behaviors increased because children were not accustomed to interacting with same-aged peers, and instructional focus became more about social emotional, language, and motor skills that were lacking than the more academic components, thus altering the amount of time typically given to knowledge and skills scope.  The limited time span of ECSE did not allow time to remediate to the level needed to raise the skill development to the level needed. |
| B2 | The uniqueness of this particular group of children has also caused a particular set of issues with services and communication with our community-based partners. As we know, these children were mostly isolated, staying at home with parents who were, predominantly, not trained educators or often even greatly familiar with child development facilitation. The lack of direct instruction and practice in social emotional skills caused a shift in the content of the instructional environment. More children than normal entered preschool settings not "ready" to learn more academic content. Attention spans were shorter, behaviors increased because children were not accustomed to interacting with same-aged peers, and instructional focus became more about social emotional, language, and motor skills that were |

| Part | Reasons for slippage, if applicable |
|------|-------------------------------------|
| | lacking than the more academic components, thus altering the amount of time typically given to knowledge and skills scope. The limited time span of ECSE did not allow time to remediate to the level needed to raise the skill development to the level needed. |
| **C1** | As stated previously, many Arkansas parents did not re-enter the workforce immediately as the emergency expired due to lack of a quick business recovery and lack of infant toddler childcare. This resulted in at least one parent often remaining home to care for the younger children for longer than expected. Parents often felt the need to be the safety net for their children at this time, protecting them from things that would not have once been considered threatening – germs in classrooms, interactions with others, communal play equipment, etc. This protectiveness inhibited children from developing the same sense of independence and exploration that they would have acquired in a previous timeframe. Parents, relatives, and older siblings often did things for them or anticipated needs without words, unlike in a typical childcare and preschool setting where independence is taught, encourages, and fostered. While children made growth, they did not have the time needed to fully recover from the effects of the health emergency limitations. |
| **C2** | As in the previous section, health crisis limitations inhibited children from developing the full range of skills needed to utilize all expected appropriate behaviors to meet their needs. The entered ECSE with more needs than is typical and a much steeper growth line was needed to attain age-level functioning. While these children made growth, they did not have the time needed to fully recover from the effects of the health emergency limitations. For this reason, children did not rise to the level of age expected functioning by exit. |

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

YES

| Sampling Question | Yes / No |
|-------------------|----------|
| Was sampling used? | NO |

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

YES

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

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, reached maximum age (age 6) 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 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 entry and exit scores as well as improvement status are collected in the student management system and submitted to the state each June.

**Provide additional information about this indicator (optional)**


## 7 - Prior FFY Required Actions

None


## 7 - OSEP Response


## 7 - Required Actions

# Indicator 8: Parent involvement

## Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

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

**Data Source**

State selected data source.

**Measurement**

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

**Instructions**

*Sampling **of parents from whom response is requested** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions on page 3 for additional instructions on sampling.)*

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

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.

Include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 8 - Indicator Data

| Question | Yes / No |
|---|---|
| Do you use a separate data collection methodology for preschool children? | YES |
| If yes, will you be providing the data for preschool children separately? | YES |

**Targets: Description of Stakeholder Input**

During the stakeholder sessions, Indicator 8 Family Involvement data was shared with both school age and early childhood participants. Both groups recognized that Arkansas rarely reaches the established targets. Through their review of the historical data trends and proposed target setting methodologies and applied results, there was no clear conclusion as to which methodology would be best. In presenting the stakeholder meeting results to the state advisory council, the question was brought up about applying the targets from the previous SPP to this iteration since the state rarely met them. In the end, the decision was to bring forward the previous SPP targets.

**Historical Data**

| Group | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|
| Preschool | 2005 | Target >= | 94.84% | 94.84% | 89.94% | 90.92% | 91.90% |
| Preschool | 82.92% | Data | 93.83% | 91.12% | 90.55% | 91.42% | 92.15% |
| School age | 2005 | Target >= | 96.45% | 96.45% | 94.05% | 94.53% | 95.01% |
| School age | 95.35% | Data | 95.82% | 96.52% | 96.23% | 95.98% | 95.86% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target A >= | 92.88% | 93.86% | 94.84% |
| Target B >= | 95.49% | 95.97% | 96.45% |

**FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| Preschool | 4,058 | 4,437 | 92.15% | 92.88% | 91.46% | Did not meet target | No Slippage |
| School age | 19,576 | 20,481 | 95.86% | 95.49% | 95.58% | Met target | No Slippage |

**The number of parents to whom the surveys were distributed.**

81,756

**Percentage of respondent parents**

30.48%

**Response Rate**

| FFY | 2022 | 2023 |
|---|---|---|
| Response Rate | 24.64% | 30.48% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

Arkansas reviews representativeness by race and disability category for both school age and early childhood. The survey responses are compared to the child count demographics for the given year. When the difference is +/- 3.00 percentage points that category is considered under- or over-represented.

**Include the State's analyses of the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

The number of responding parents/guardians increased in 2023-2024 for both early childhood and school age programs. Arkansas analyzes both race/ethnicity and primary disability categories for representativeness.

Using a +/- 3% as the criteria to identify over- or under-representativeness, families of CWD in early childhood programs is slightly underrepresented in the racial group white (-3.06) as well as being underrepresented in developmental delay (-9.3). Additionally, 3.46% of respondents did not indicate the child's race and/or disability.

Using a +/- 3% as the criteria to identify over- or under-representativeness, families of CWD in school age programs are representative in all disability categories. However, families were under-represented in the racial/ethnic group Hispanic (-6.42). Additionally, 13.36% of respondents did not indicate the child's race and/or disability.

Although there was an increase in the number of respondents, representativeness fell for both school age and early childhood programs. Arkansas will continue to train on the preparation, collection, and submission of the family surveys.

**The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)**

NO

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics**

Arkansas will continue to train LEAs on the preparation, collection, and submission of the family surveys via webinars and face-to-face meetings. Additionally, 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-OSE 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.

How LEAs offer families the opportunity to participate is left up to the LEA. However, the State encourages LEAs to offer the survey to families at Annual

Review meetings, parent-teacher conferences, or other school activities during the year. Currently, more LEAs are asking families to complete the online version than the scantron forms at this time.

There are instructions posted on the survey portal for LEAs to share with families on how to complete the survey online. The instructions are available in English and Spanish, the same as the surveys.

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

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

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-OSE 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. In 2020 and 2021 school years, since most meetings were being conducted virtually, due to COVID, IDEA Data & Research developed documents LEAs could share with families on how to complete the survey online. The instructions are available in English and Spanish, the same as the surveys. We are further exploring adding a Marshallese version to the online survey at the request of LEAs in Northwest Arkansas. That region has the largest Marshallese population outside of the Marshal Islands.

Additional analysis will be undertaken to ascertain if a specific region of the state is contributing to the underrepresentation.

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

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.**

Arkansas attempts a census every year and uses child count for early childhood and school age as comaprison groups for the survey respondents. The analysis included race/ethnicity and disability categories

Using the IDC Nonresponse Bias Tool, a statistical analysis revealed some significant differences for early childhood and school age survey respondents by specific disability categories (developmental delays) and race/ethnicity (Hispanic), respectively.

While the number of respondents for both surveys was predominately representative, assessing the full extent of nonresponse bias is challenging due to incomplete demographic data. Some respondents did not provide information about their child's race/ethnicity and/or disability category. Because the surveys are submitted anonymously, the most reliable method for evaluating representativeness involves matching responses based on LEA (Local Education Agency) numbers, race, and disability. This underscores the importance of cross tabbing data to ensure demographic alignment. However, those respondents with missing race/ethnicity or disability category could lead to false finding of nonresponse bias.

Moving forward, we will continue collaborating with LEAs to emphasize the critical role of accurate and complete demographic data in improving survey representativeness. As part of these efforts, the IDEA Data & Research Office will host a Special Education Data Summit on February 6, 2025. The summit agenda includes a dedicated session on family surveys to highlight their role in data collection and analysis.

Additionally, every February, we release a newsletter focused on Indicator 8: Family Involvement, providing updates on data collection practices and encouraging greater participation. These initiatives aim to strengthen our data collection processes and enhance the overall quality and utility of the survey results.

| 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 |
| If yes, provide a copy of the survey. | |

**Provide additional information about this indicator (optional)**

## 8 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

**Response to actions required in FFY 2022 SPP/APR**

See the prior sections

## 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 the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2023 reporting period (i.e., after June 30, 2024).

### Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA, aggregated across all disability categories. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 9 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2020 | 0.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 0% | 0% | 0% |

**FFY 2023 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.**

18

| Number of districts with disproportionate representation of racial/ethnic groups in special education and related services | Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 0 | 0 | 259 | 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 criteria above, zero LEAs were identified in 2023-2024 as having a disproportionate representation in the area of identification.

If an LEA, were identified, they would have been required to complete a self–assessment of policies, procedures, and practices related to child find/evaluation/reevaluation/eligibility determination. The State would then review the self-assessments and verify 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 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 https://dese.ade.arkansas.gov/Offices/special-education/monitoring-and-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 notification letter regarding the district's compliance is sent to the district superintendent and special education administrator.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

| 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 2022**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**9 - Prior FFY Required Actions**

None


**9 - OSEP Response**


**9 - Required Actions**

# Indicator 10: Disproportionate Representation in Specific Disability Categories

## Instructions and Measurement

**Monitoring Priority:** Disproportionality

**Compliance indicator**: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

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

**Data Source**

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

**Measurement**

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "disproportionate representation". Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2023 reporting period (i.e., after June 30, 2024).

**Instructions**

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in specific disability categories and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 10 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Historical Data**

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020 | 0.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|-----|------|------|------|------|------|
| Target | 0% | 0% | 0% | 0% | 0% |

| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.39% |
|------|-------|-------|-------|-------|-------|

**Targets**

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target | 0% | 0% | 0% |

**FFY 2023 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.**

18

| Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories | Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 60 | 0 | 259 | 0.39% | 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 60 LEAs that the State identified in 2023-2024 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 reviews resulted in zero findings of noncompliance

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

| 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 2022 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 the LEA's required evidence through desk audits and on-site visits to determine if the LEA was compliant with Part B requirements.

The LEA submitted the required evidence (see below) to the State during the summer of 2024. The State reviewed the documents via a desk audit and reached out to the LEA for any clarification. The State approved the evidence and a letter of clearance was sent in early fall 2024 stating they were 100% in compliance.

The evidence included revised:
1. district policies for implementing special education child find, evaluation, and determining eligibility.
2. district procedures for implementing special education child find, evaluation, and determining eligibility including specific roles, timelines, and examples for DESE approval.

3. district procedures for submitting required special education data within timelines including cycle data and required components from the Office of Special Education.

The Indicator 10 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 notification letter regarding the district's compliance is sent to the district superintendent and special education administrator.

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

The finding of noncomplince was an LEA level finding not an individual child case of noncompliance; therefore, it is not applicalbe as stated in C-7 of the genreal supervision guidance (23-01).

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the district identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

Please see the FFY 2022 Findings of Noncompliance Verified as Corrected section

## 10 - OSEP Response

## 10 - Required Actions

# Indicator 11: Child Find

## Instructions and Measurement

**Monitoring Priority**: Effective General Supervision Part B / Child Find

**Compliance indicator**: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

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

### Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

### Measurement

a. # of children for whom parental consent to evaluate was received.
b. # of children whose evaluations were completed within 60 days (or State-established timeline).
Account for children included in (a), but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Percent = [(b) divided by (a)] times 100.

### Instructions

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

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

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 11 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 91.91% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.75% | 99.71% | 99.35% | 99.37% | 99.29% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 100% | 100% | 100% |

**FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 17,128 | 17,017 | 99.29% | 100% | 99.35% | Did not meet target | No Slippage |

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

111

**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.**

There were 17,128 children with parental consent to evaluate who were evaluated. The children evaluated within 60days was 17,017 representing 99.35%, an increase or 0.06 percentage points from the previous 2022-2023 rate of 99.29.

Out of the 17,128 children, 4,257 or 24.85% were determined not eligible, while 12,756 representing 74.47% were determined eligible. There were 30 LEA's exceeding State established timelines of 60 days and the number of days varied between 1 - 189 days. Of those with delays, 84 children out of the 111 were found to be eligible with days spanning between 1 -189 days. Twenty-seven (27) children were found not eligible with delays spanning 1-106.

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.

Within the referral data set are fields capturing the complete referral record which informs the reasons for delay and eligibility status. Although the 60-day timeline was missed for some students, they had eligibility determined, although late, as evident in the discussion above.

To determine if ongoing systemic issues are prevalent, the IDEA Data & Research Office via the student management system verified if each of the 30 LEAs who were not at 100% for the Indicator in FFY 2023 are correctly implementing the specific regulatory requirements by reviewing current year referrals in the student management system. The review of current data in the student management system was conducted in December 2024, and revealed that 30 of 30 LEAs were 100% compliant and they are correctly implementing the regulatory requirements around timely evaluations.

**Indicate the evaluation timeline used:**

The State used the 60 day timeframe within which the evaluation must be conducted

**What is the source of the data provided for this indicator?**

State 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.**

There are two different data collection systems for special education. First, there is the Arkansas Division of Elementary and Secondary 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 MySped Resource system is also used to provide the LEAs an opportunity to verify their data and to complete referrals which may have crossed over fiscal years.

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's Office of Special Education 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 eSchool special education modules 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)**


**Correction of Findings of Noncompliance Identified in FFY 2022**

| 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 2022**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |


# 11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 for this indicator:  (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01.  In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

In FFY 2022, zero LEAs were cited for having noncompliance for Indicator 11.

Within the referral data set are fields capturing the complete referral record which informs the reasons for delay and eligibility status. Although the 60-day timeline was missed for some students, they had eligibility determined although late.

Since a timeline cannot be corrected, to determine if ongoing systemic issues are prevalent, the IDEA Data & Research Office via the student management system verified that each of the 36 LEAs who were not at 100% for the Indicator in FFY 2022 were correctly implementing the specific regulatory requirements by reviewing current year referrals in the student management system, which is updated data. The review conducted in December 2023, revealed that 36 of 36 LEAs were 100% compliant with the 60 day timeline and are correctly implementing the regulatory requirements around timely evaluations.

## 11 - OSEP Response

## 11 - Required Actions

# Indicator 12: Early Childhood Transition

## Instructions and Measurement

**Monitoring Priorit**y: Effective General Supervision Part B / Effective Transition

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

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

**Data Source**

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

**Measurement**

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

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

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

### Instructions

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

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

Targets must be 100%.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 12 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 75.91% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.24% | 100.00% | 100.00% | 100.00% | 100.00% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 100% | 100% | 100% |

**FFY 2023 SPP/APR Data**

| | |
|---|---|
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination. | 98 |
| 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. | 38 |
| 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. | 48 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays. | 5 |
| 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 2022 Data | FFY 2023 Target | FFY 2023 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. | 38 | 38 | 100.00% | 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's Office of Special Education 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 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 eSchool special education modules or the MySped Resource application to verify that students who had their evaluation timelines exceed the third birthday and/or the 60 day timeline 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)**


**Correction of Findings of Noncompliance Identified in FFY 2022**

| 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 2022**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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**: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

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

### Data Source

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

### Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

### Instructions

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 13 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2009 | 96.34% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 80.54% | 71.26% | 84.34% | 78.22% | 83.05% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 100% | 100% | 100% |

**FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 206 | 255 | 83.05% | 100% | 80.78% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

There is no clear explanation for the slippage. In the 2023-24 monitoring period, Arkansas identified transition errors in 20 out of 68 districts. This is consistent with the previous year, when 21 districts with transition errors were identified out of 71 districts monitored.

However, we did notice many of the LEAs monitored in FFY 2023, were smaller LEAs resulting in fewer IEPs reviewed for the year. This has lead to the Monitoring/Program Effectiveness section reviewing its current procedures to ensure more consistency in IEP selection and maintain a consistent sample size for thorough and reliable monitoring.

**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.

Indicator 13 data are reported at the initial compliance level prior to the opportunity to correct. If an IEP is found to be non-compliant and correction does not occur prior to issuing a letter of findings, DESE-OSE cites the district for noncompliance and the district is required to submit and complete a Compliance Action Plan (CAP).

Arkansas is participating in an intensive TA project through National Technical Assistance Center on Transition (NTACT) that involves DESE-OSE 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)**

Of the 255 IEPs monitored for secondary transition, 49 IEPs had components which were non-compliant. Of the 49 IEPs, 37 were corrected within 90 days (pre-finding correction). The other 12 IEPs, repesented by four LEAs were issued findings of noncompliance which have since been corrected and additional folders were reviewed to verify ongoing compliance.

Some of the reasons for the initial non-compliance was the transition plan was not in effect for the 16th birthday, they lacked measurable post-secondary goals; and lacked career employment goals. There are no patterns or obvious reasons the various components of the transition plan are non-compliant. The LEAs represent small to large districts, with the number of IEPs out of compliance ranging from 1 to 12.

A critical component to improving secondary transition services in Arkansas is the Arkansas Transition Services (ATS) consultants. Arkansas Transition Services provides professional learning opportunities, resources, and opportunities to participate in special initiatives in a continuing effort to improve post-school outcomes. ATS collaborates with Career and Technical Education, Arkansas Rehabilitation Services, Division of Services for the Blind, the University of Arkansas, the Office of Special Education, and the National Technical Assistance Center on Transition: the Collaborative (NTACT: C) as a Core Team for our state focused on transition program improvement and post-school outcomes improvement. This team meets quarterly and attends the Capacity Building Institute each year to continue collaboration and planning.

The ATS staff continues to provide guidance through trainings and technical assistance to improve compliance with Indicator 13. The ATS consultants provide training at the cooperatives over the summer and within districts throughout the school year. Transition plan reviews are also offered one to two years prior to monitoring in those districts, as well as follow-up trainings and reviews. Arkansas Transition Services sends out weekly tips and tidbits via email to a large distribution list of special education teachers and supervisors, many regarding tips on compliance with Indicator 13. A valuable resource, the Indicator 13 Cross Reference Tool, is located on our website and allows users to see all eight components of Indicator 13 and where evidence of compliance is located in the individualized education program. The ATS website houses many other resources to help with compliance including transition assessment links and modules, information post-secondary goals, transition activities, and on the summary of performance

**Correction of Findings of Noncompliance Identified in FFY 2022**

| 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 2022**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| FFY 2021 | 1 | 1 | 0 |
| | | | |
| | | | |
| | | | |
| | | | |

**FFY 2021**

**Findings of Noncompliance Verified as Corrected**

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

DESE-OSE conducted desk audits and/or onsite review of the following required documentation submitted by the LEA: (1) updated procedures for addressing secondary transition in the IEP, and (2) the agenda with a sign-in sheet from training provided to the LEA by Arkansas Transition Services.

DESE-OSE further reviewed the non-compliant student folders to ensure the non-compliance was corrected as well as additional folders for students not in the original review. The review results found the LEAs post-secondary transition plans to be compliant.

Based on the on-site and desks audits of the required actions in the Compliance Action Plan and evidence submitted, DESE determined the LEA has met all requirements for post-secondary transition, and issued a letters stating the LEA was 100% compliant and met the requirements of the Compliance Action Plan.

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

To verify the individual cases of noncompliance, DESE-OSE reviewed the non-compliant student IEP folders to ensure the non-compliance was corrected. They further reviewed additional IEP secondary transition plans for students not in the original review and found their post-secondary transition plans to be compliant.

Based on the on-site and desks reviews of the required actions in the Compliance Action Plan, evidence submitted and additional IEP folder reviews to ensure the actions were complete, DESE determined the LEA has met all requirements for post-secondary transition, and issued a letters stating the LEA met the Compliance Action Plan.

## 13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2021 was corrected.   When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and the LEA with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

See prior section on correction of nonompliance

## 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:** Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

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

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

**Data Source**

State selected data source.

**Measurement**

> A. Percent enrolled in higher education = [(# 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* <u>General Instructions</u> *on page 3 for additional instructions on sampling.)*

Collect data by September 2024 on students who left school during 2022-2023, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2022-2023 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

### I. *Definitions*

*Enrolled in higher education* as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

*Competitive employment* as used in measures B and C: States have two options to report data under "competitive employment":

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: States report in alignment with the term "competitive integrated employment" and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a "part-time basis" under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

*Enrolled in other postsecondary education or training* as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

*Some other employment* as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services).

### II. *Data Reporting*

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).
Provide the total number of targeted youth in the sample or census.
Provide the actual numbers for each of the following mutually exclusive categories. The actual number of "leavers" who are:

> 1. Enrolled in higher education within one year of leaving high school;
> 2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
> 3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
> 4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

"Leavers" should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, "leavers" who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, "leavers" who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

**III.** *Reporting on the Measures/Indicators*
Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school *must* be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Include the State's analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

## 14 - Indicator Data
**Historical Data**

| Measure | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------|----------|-----|------|------|------|------|------|
| A | 2009 | Target >= | 15.80% | 15.80% | 13.06% | 13.26% | 13.46% |
| A | 12.86% | Data | 11.78% | 10.90% | 15.82% | 15.64% | 17.59% |
| B | 2009 | Target >= | 51.49% | 51.49% | 49.21% | 49.87% | 50.53% |
| B | 48.55% | Data | 25.93% | 41.97% | 64.06% | 67.92% | 72.48% |
| C | 2009 | Target >= | 63.26% | 63.26% | 59.89% | 60.44% | 60.99% |
| C | 59.34% | Data | 51.35% | 48.45% | 68.36% | 73.62% | 76.74% |

**FFY 2021 Targets**

| FFY | 2023 | 2024 | 2025 |
|-----|------|------|------|
| Target A >= | 13.66% | 13.86% | 14.06% |
| Target B >= | 51.19% | 51.85% | 52.51% |
| Target C >= | 61.54% | 62.09% | 62.64% |

**Targets: Description of Stakeholder Input**

This Indicator was discussed with stakeholders at the May 25, 2022 meeting. Stakeholders reviewed historical data and various target setting methodologies. Based on stakeholder input, Indicator 14A & 14B would utilize the average annual difference to establish the new targets and Indicator 14C targets would be established using ½ of the average annual difference. In more recent discussions with stakeholders it was decided not to make any changes.

**FFY 2023 SPP/APR Data**

| | |
|---|---|
| Total number of targeted youth in the sample or census | 757 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 618 |
| Response Rate | 81.64% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school | 115 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school | 278 |
| 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) | 32 |
| 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). | 88 |

| 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| A. Enrolled in higher education (1) | 115 | 618 | 17.59% | 13.66% | 18.61% | Met target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 393 | 618 | 72.48% | 51.19% | 63.59% | Met target | No Slippage |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4) | 513 | 618 | 76.74% | 61.54% | 83.01% | Met target | No Slippage |

**Please select the reporting option your State is using:**

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

**Response Rate**

| FFY | 2022 | 2023 |
|---|---|---|
| Response Rate | 85.45% | 81.64% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

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, and exit reason.

**Include the State's analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State's analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

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 2022 leavers were representative for race/ehtnicity and exit reason; however, there was a slight under-representation of students with a disability of ID (-3.16 percentage points) and an over-representation of students with a disability of SLD (4.26 percentage points).

**The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)**

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 use a dual data collection of phone survey and administrative data. We will continue to have conversations with these agencies about other programs within their agency which may meet the criteria. One example of this is the various training programs beyond GED offered by the Adult Education Office.

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

Arkansas conducts a dual data collection: phone survey and administrative data mine. Between the phone survey and the he administrative data mining across state agencies (Arkansas Division of Higher Education, the Division of Workforce Services, Arkansas Rehabilitation Services, and Adult Education) allows us to locate information on a wide range of post-secodnary activities.

There were no data located across the state for 139 students. Arkansas will continue to explore additional colloaborations to increase the number of respondants. This may include expanding the adult education data beyond GED to other workforce training opportunities or exploring a possible contract with the National Student Clearinghouse.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.**

LAURA is running data and wirting this up

| Sampling Question | Yes / No |
|---|---|
| Was sampling used? | YES |
| If yes, has your previously approved sampling plan changed? | NO |

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

Arkansas submitted an updated sampling plan to OSEP in April 2023 for continued approval and was notified in June 2023 that the submitted sampling plan was approved. The sampling plan is posted on the OSE public reporting webpage.
https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting

Arkansas adopted the sampling plan OSEP provided to states in the yearly years of the SPP/APR. The identification of districts for the Post-school outcomes collection is through a stratified random sample. Stratified random sampling without replacement is used to assign each LEA to a sampling year. The district average daily membership (ADM) strata are based upon 2017/18 data. The strata are assigned according to natural splits in the existing ADM data. Within these strata, LEAs were randomly assigned to a collection year. Little Rock School District and Springdale School District, the largest two school districts in Arkansas with an ADM over 20,000, are the only districts within ADM strata 1; therefore, they are sampled in year one (1) and will be sampled a second time in ye ar six (6). If more LEAs are created due to a split of a district or the approval of more charter schools in the state, these LEAs will be added to year six.

Besides identifying when an LEA will be sampled, the plan discusses selection bias, the data collection, treatment of missing data, and representative analysis.

Treatment of Missing Data: The survey response rate is examined and reported. In addition, missing data is evaluated. Subsequently, a sensitivity analysis is conducted to investigate the effects, if any, of non-response and missing data on results of the survey. Demographic and historical data is evaluated with regard to differences between students who respond and those who do not. Estimates and analysis is adjusted accordingly.

Representativeness Analysis: A ± of 3.00 percentage points is used to determine a discrepancy in the demographics over- or under-representation in the sampled LEAs (target group). Arkansas analyzes the PSO data for representativeness in the areas of race/ethnicity, disability category, and exit reason.

| Survey Question | Yes / No |
|---|---|
| Was a survey used? | YES |
| If yes, is it a new or revised survey? | NO |

**Provide additional information about this indicator (optional)**

## 14 - Prior FFY Required Actions

None

**14 - OSEP Response**


**14 - Required Actions**

# Indicator 15: Resolution Sessions

## Instructions and Measurement

**Monitoring Priority**: Effective General Supervision Part B / General Supervision

**Results Indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements. (20 U.S.C. 1416(a)(3)(B))

**Data Source**

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

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

*Sampling is not allowed.*

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

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

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

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

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

## 15 - Indicator Data

Select yes to use target ranges

Target Range not used

**Prepopulated Data**

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/13/2024 | 3.1 Number of resolution sessions | 23 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/13/2024 | 3.1(a) Number resolution sessions resolved through settlement agreements | 11 |

**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**

Stakeholders were presented with various methodologies that could be applied to setting targets for Indicator 15. Actual data for this indicator fluctuates widely from year to year. After the discussions, it was decided to repeat the targets from the previous SPP.

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 50.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target >= | 66.76% | 66.76% | 56.96% | 58.92% | 60.88% |
| Data | 78.26% | 93.33% | 58.82% | 64.29% | 36.84% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target >= | 62.84% | 64.80% | 66.76% |

**FFY 2023 SPP/APR Data**

| 3.1(a) Number resolutions sessions resolved through settlement agreements | 3.1 Number of resolutions sessions | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 11 | 23 | 36.84% | 62.84% | 47.83% | Did not meet target | No Slippage |

**Provide additional information about this indicator (optional)**

## 15 - Prior FFY Required Actions

None

## 15 - OSEP Response

## 15 - Required Actions

# Indicator 16: Mediation

## Instructions and Measurement

**Monitoring Priority**: Effective General Supervision Part B / General Supervision

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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

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

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

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

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

## 16 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Prepopulated Data**

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1 Mediations held | 32 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.b.i Mediations agreements not related to due process complaints | 32 |

**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**

Stakeholders were presented the data and various methods which could be applied to setting targets for Indicator 16. After reviewing the data sets, stakeholders agreed that with the uncertainty of the data from year to year, especially in relation to the pandemic that a flat rate would be the best targets through FFY 2025.

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 52.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|
| Target >= | 83.40% | 83.40% | 75.00% | 75.00% | 75.00% |
| Data | 100.00% | 100.00% | 100.00% | 94.74% | 0.00% |

**Targets**

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target >= | 75.00% | 75.00% | 75.00% |

**FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 0 | 32 | 32 | 0.00% | 75.00% | 100.00% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

## 16 - Prior FFY Required Actions

None

## 16 - OSEP Response

## 16 - Required Actions

# Indicator 17: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

**Overview of the Three Phases of the SSIP**

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

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

***Phase II: Plan*** (which, is in addition to the Phase I content (including any updates)) outlined above):
- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

***Phase III: Implementation and Evaluation*** (which, is in addition to the Phase I and Phase II content (including any updates)) outlined above):
- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

***Phase III: Implementation and Evaluation***

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

A.  Data Analysis

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

B.  Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C.  Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 17 - Indicator Data

### Section A: Data Analysis

**What is the State-identified Measurable Result (SiMR)?**

The State-identified Measurable Result (SiMR) is the percent of students with disabilities (SWD) in grades 3-5, from the targeted schools, whose value-added score (VAS) in reading is moderate or high for the same subject and grade level in the state.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

YES

**Provide a description of the subset of the population from the indicator.**

Historically, Arkansas has interpreted the population for this indicator as the special education population of grades 3-5 in SSIP-targeted buildings. All students may be exposed to SSIP activities or the results. The SiMR is comprised of value-added growth scores for students with multiple years of data on the regular assessment. The State selected "yes" to reflect that the data are a subset of the special education population in SSIP-targeted buildings since the SiMR does not include students who participate in the alternate assessment.

**Is the State's theory of action new or revised since the previous submission? (yes/no)**

YES

**Please provide a description of the changes and updates to the theory of action.**

The updated SSIP Theory of Action (TOA) continues to focus on the coherent improvement strategies established in previous Phases. These strategies include collaboration and the implementation of professional learning and technical assistance, which remain central to the SSIP's approach. The updates made within the TOA were identified through stakeholder collaboration and feedback, highlighting a need for clarity and additional details to describe the strategies and actions across the Division of Elementary and Secondary Education (DESE), LEA, educator, and student levels. The updates reflect a more comprehensive understanding of how to best support each level of the system, focusing particularly on aligning efforts, improving educator efficacy, and enhancing student outcomes. By refining these strategies, the updated TOA strengthens the overall system while maintaining a consistent focus on the original strategies and improving outcomes for students with disabilities.

**Please provide a link to the current theory of action.**

https://arksped.ade.arkansas.gov/documents/ssip/SSIP-SPDG-OSE-TOA-2025.pdf

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages).**

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2016 | 59.53% |

**Targets**

| FFY | Current Relationship | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Target | Data must be greater than or equal to the target | 63.16% | 63.37% | 64.50% |

**FFY 2023 SPP/APR Data**

| Number of students with disabilities (SWD) in grades 3-5, from the targeted schools, whose value-added score (VAS) in reading is moderate or high for the same subject and grade level in the state. | Number of students with disabilities (SWD) in grades 3-5, from the targeted schools, whose value-added score (VAS) in reading is low, moderate or high for the same subject and grade level in the state. | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 1,123 | 1,618 | 66.19% | 63.16% | 69.41% | Met target | No Slippage |

**Provide the data source for the FFY 2023 data.**

The data is the RLA value added score, as determined by the statewide assessment outlined in the State's approved ESSA plan. Upon the receipt of the data file from the Office of Innovation for Education (OIE) at the University of Arkansas (state contractor for accountability), student level records are filtered based on the participating school buildings. Only students with value added scores (VAS) for RLA are included.

**Please describe how data are collected and analyzed for the SiMR.**

The data is the Reading Language Arts (RLA) value added score based on the State's approved ESSA plan.

In the first step, a longitudinal individual growth model is used to produce a predicted score for each student. The individual growth model uses as many years of prior scores for each student to maximize the precision of the prediction (best estimate) and accounts for students having different starting points (random intercepts). In the value-added model, each student's prior score history acts as the control/conditioning factor for the expectation of growth for the individual student. In the second step, the student's predicted score is subtracted from his or her actual score to generate the student's value-added score (actual – predicted = value-added score). The magnitude of value-added scores indicates the degree to which students did not meet, met, or exceed expected growth in performance. Student value-added scores are averaged for each school. School value-added scores indicate, on average, the extent to which students in the school grew compared to how much they were expected to grow, based on how the students had achieved in the past. The school value-added scores answer the question, "On average, did students in this school meet, exceed, or not meet expected growth?" (Arkansas ESSA Plan p. 45) While the school average tells us about the building, it does not tell us about how the individual student is doing compared to their peers. Therefore, to look at an individual student's growth in relation to their peers, the Office of Innovation for Education (OIE) at the University of Arkansas (state contractor for accountability) ranked the value-added scores of all students and categorized them into low, moderate, or high based on the percentile rank of students' growth scores, or residuals. This is commonly Percentile Rank of the Residual (PRR). An explanation of each category is as follows:

Low indicates that a student's VAS, based on the PRR, was in the bottom 25% of all student VAS for same subject and grade level in the state
Moderate indicates that a student's VAS, based on the PRR, was between 25% and 75% of all student VAS for the same subject and grade level in the state
High indicates that a student's VAS, based on the PRR, was in the top 25% of all student VAS for the same subject and grade level in the state

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

NO

**Section B: Implementation, Analysis and Evaluation**

**Please provide a link to the State's current evaluation plan.**

https://arksped.ade.arkansas.gov/documents/ssip/Arkansas-SSIP-Evaluation-Plan-Infrastructure-Tool-2025.pdf

**Is the State's evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

The updated SSIP evaluation plan includes more detailed descriptions of data collection tools, frequency of data collection, and the specific evaluation questions being addressed. The previous evaluation plan listed the assessment tools and the current plan now outlines the frequency of data collection and clarifies the purpose of each tool. This includes annual assessments, ongoing observations, and quarterly data collection. The plan also incorporates new tools to support the evaluation, such as stakeholder meeting notes, coaching observations, and the uPar, Read&Write, and Equatio data, and agency priorities (AR APP), which were not previously detailed. The updated plan outlines a comprehensive approach to evaluating implementation, collaboration, professional development, coaching, and progress toward the SiMR (value-added reading scores), focusing on continuous improvement and sustainability in the SSIP.

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

The rationale for the updates to the SSIP evaluation plan is grounded in a commitment to improving the effectiveness and transparency of the evaluation process. Data-driven decision-making played a significant role in refining the plan, as the state sought to ensure that the evaluation tools and methods

align with the evolving needs of the SSIP. The previous plan, which only listed assessment tools without detailed descriptions, lacked the necessary clarity and specificity for stakeholders to fully understand how data would be collected and analyzed. Through stakeholder collaboration and feedback sessions, it was identified that more detailed descriptions and clearer explanations were needed, leading to the updates in the plan.

The inclusion of new tools, such as stakeholder meeting notes and coaching observations, was driven by feedback from stakeholders, including educators, administrators, and partners in the SSIP process. These stakeholders emphasized the need for more frequent and comprehensive data collection to better monitor progress and strategies. By incorporating tools like uPar, Read&Write, and Equatio data, and aligning them with agency priorities (AR APP), the state aims to better capture the progress toward the State-identified Measurable Result (SiMR) of value-added reading scores.

This revision of the evaluation plan reflects a data-driven approach, informed by insights and input from various stakeholders involved in the implementation process, ensuring that the evaluation is both robust and actionable for continuous improvement.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period:**

In this reporting period, Arkansas (AR) implemented two comprehensive infrastructure improvement strategies designed to strengthen support for LEAs, build sustainable systems, & ensure meaningful access to high-quality instruction and services for all students, including those with disabilities. These strategies utilized state & federal resources, technical assistance (TA), professional development/learning (PD), & collaborative structures to drive systemic improvements.

Strategy One: Expand & coordinate a coherent system of support aligned with existing DESE initiatives, differentiating based on LEAs' needs & data, & more effectively leverage resources to increase the reach & impact of the agency's work.

This phase of the SSIP focused on expanding its coordinated system of support to meet LEA needs, aligning efforts with DESE's Theory of Action, organizational standards, values, & priorities. This strategy aimed to improve access to high-quality instruction & services for all students, including students with disabilities, by streamlining state initiatives & focusing on PD, TA, distributive leadership, & evidence-based practices (EBPs).

AR remains committed to promoting safe, supportive, & collaborative school environments that ensure a guaranteed & viable curriculum with effective instruction in every classroom. This commitment, reflected in the SSIP Theory of Action, emphasizes alignment, scaling, & sustainability across initiatives. Aligned with the AR LEARNS Act of 2023, the SSIP aims to improve access to literacy instruction & high-quality instructional materials (HQIM) grounded in the Science of Reading (R.I.S.E).

Collaboration was central to this strategy. The Office of Special Education (OSE) administrative team attended monthly meetings with agency leaders to collaborate & align efforts across DESE initiatives, including those reflected in the SSIP Theory of Action. Additionally, the team partnered with the Arkansas Collaborative Consultants (ACC), who provided statewide, tiered support to LEAs & educators. This collaborative approach leveraged structured feedback loops & data-driven decision-making to align supports with LEA needs. School-based distributive leadership teams worked with general educators, special educators, & related service professionals to implement EBPs & drive innovative service delivery. These efforts strengthened the capacity of individual team members & fostered collective efficacy, empowering teams to work more effectively toward shared goals. By utilizing cycles of inquiry & focusing on data-driven decisions, these teams enhanced their ability to improve outcomes for students.

As outlined in the SSIP Evaluation Plan, robust monitoring tools were employed to ensure quality assurance, to track progress, & guide decision-making & improvement efforts. Data from initiatives & statewide assessments provided valuable insights into educator practices & student outcomes, ensuring accountability across the system.

To drive systemic improvements, key initiatives were implemented in alignment with the SSIP Theory of Action. Frameworks for improvement, such as High Reliability Schools (HRS) & AR's one grant application (AR APP), supported LEAs in building systems of continuous improvement. Administrative leadership initiatives, including Advancing Inclusive Principal Leadership (AIPL) & Inclusive Education for Beginning Administrators (IEBA), enhanced administrators' capacity to lead change efforts effectively. Distributive leadership & capacity-building efforts, such as the AR Meaningful Access and Participation (MAP) Project & ALL IN Trainer of Trainers (ToT), empowered school leadership teams through coaching & modeling. Multi-tiered systems of support (MTSS) frameworks, such as THRIVE & BX3, provided LEAs with tiered intervention strategies to address both behavior & academic needs. Finally, evidence-based instructional practices were advanced through initiatives on Universal Design for Learning (UDL), High-Leverage Practices (HLPs), the Strategic Instructional Model™ (SIM), & the Reading Initiative for Student Excellence (R.I.S.E.), which equipped educators with the tools needed to meet the unique needs of all learners.

Strategy Two: Transform personnel development through a system of competency-based professional learning & technical assistance aligned with DESE initiatives & tailored to LEAs' needs, scaling AR's MTSS & meaningful access model, including UDL & EBPs, to increase student success in behavior & academics, with a focus on literacy.

This strategy transforms personnel development through a system of competency-based PD & TA aligned with DESE initiatives, including HQIM, R.I.S.E., HLPs, SIM™, UDL, THRIVE, & MAP. Tailored to LEA needs, it scales AR's MTSS & meaningful access model to improve student success in behavior & academics, with a focus on literacy. Supported by the SPDG in SSIP-targeted schools, this strategy equips educators with tools to implement UDL, HLPs, & EBPs into daily instruction, fostering sustainable improvement. The SPDG PD model incorporates multi-year, job-embedded training, differentiated coaching, & follow-up supports to build the capacity of educators & administrators while establishing a collaborative & sustainable support system to improve outcomes for students with disabilities.

The SPDG team works closely with other DESE units to align PD efforts with statewide priorities. Regular meetings & structured communication protocols enable seamless coordination between leadership & coaches. Additionally, collaborative processes & structures embedded in the MTSS scale-up further foster shared decision-making & feedback loops, ensuring that PD & TA are responsive to LEA needs.

This strategy aligns with the AR LEARNS Act by enhancing literacy outcomes & improving access to high-quality instruction. A key component of this effort is the development & implementation of micro-credentials (MCs), which adhere to DESE's standards for PD, follow established quality assurance criteria, and are used in a variety of ways across the state's career continuum. These MCs verify educator proficiency through evidence-based evaluation processes & provide a flexible, competency-based approach to PD. During this reporting period, DESE expanded MCs to provide educators greater choice & autonomy. Hosted on AR IDEAS, the state's PD learning management system, MCs & virtual tools ensure statewide accessibility for coaching & training, regardless of geographic location.

This strategy builds capacity through job-embedded PD, coaching, & follow-up support tailored to LEA needs. LEAs receive differentiated coaching during planning, implementation, & monitoring stages & through cycles of continuous improvement. The SPDG team provides ongoing guidance to

ensure fidelity of implementation, enabling educators to consistently apply UDL, HLPs, & EBPs.

Both SSIP infrastructure improvement strategies focus on alignment, scaling, & sustainability, evolving toward a single, coherent, & collaborative system where students with disabilities are included as general education students with access to additional supports based on data-driven decisions. This comprehensive system ensures meaningful access for all students & while aligning with stakeholder feedback, the extant evidence base, & DESE's Mission & Vision to lead the nation in student-focused learning.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Strategy One aimed to expand & coordinate a coherent system of support for LEAs by developing tailored plans for coaching, PD & TA. It focused on providing LEAs with targeted support to build leadership capacity, which resulted in increased collaboration among educators & related service professionals. This collaboration proved critical in improving outcomes & meeting student needs.

This strategy aligns with the systems framework by addressing governance, data, PD, & TA, & reinforced collaboration through NCSI's Cross-State Learning Collaboratives & participation in IDC's SSIP Data Quality Peer Group. TA was received from NCEO during the exploration phase to develop a growth measure for students participating in the AA-AAAS. This ongoing TA will continue to inform the potential development of a second SiMR.

Data-driven tools like the SSIP Infrastructure Tool & State Capacity Assessment (SCA) tracked progress across key areas of competency, leadership, & organization capacity. On a scale of 1 (pre-exploration) to 5 (full implementation), the SSIP Infrastructure Tool revealed strong progress with scores in competency drivers (selection 5.0, training 4.0 & coaching 4.5), organizational drivers (data systems 4.0, facilitative administration 5.0 & systems intervention 5.0), and leadership drivers (technical & adaptive leadership 4.0). The overall performance assessment reached 5.0, highlighting significant alignment & system coherence across various stages of implementation.

The MAP Needs Assessment & coaching observations guided schoolwide decision-making to improve student learning outcomes. Each school demonstrated growth across six critical areas: 1) aligning schoolwide policies, procedures, & practices; 2) Fostering collaborative teams & structures; 3) ensuring a Guaranteed and Viable Curriculum with aligned instruction & assessment; 4) intentional, proactive instructional planning; 5) developing IEP goals tailored to individual student needs; and 6) strategically developing systems to provide special education services based on student needs. Data-driven decision-making & these tools tracked the impact of improvement efforts, ensuring the strategy's continued effectiveness in driving positive outcomes.

Stakeholder engagement was central to the strategy's success. Monthly meetings, data analysis, & feedback loops ensured the strategy remained responsive to LEA needs. Stakeholders, including OSE leadership team, SPDG, State Advisory Council, & Arkansas's PTI Center (TCFEF) collaborated through various forums, such as DESE Unit meetings, statewide LEA meetings, ACC meetings, & annual conferences. These collaborative efforts modeled a culture of shared accountability & decision-making, reducing organizational silos & supporting systemic change.

LEAs, administrators, educators, & related service professionals received structured coaching, PD, & TA to align school goals with state initiatives & effectively meet the unique needs of students. Topics included implementing improvement frameworks, building capacity for administrative & school leadership teams, as well as integrating UDL, HLPs, and EBPs, into a MTSS to address both behavior and academics.

Strategy One expanded a system of support for LEAs through tailored coaching, PD, & TA. The support & collaborative structures were key to successfully implementing MTSS, driving innovation service delivery, & increasing access to high-quality instruction for students with disabilities within their least restrictive environment. This strategy directly contributes to the SiMR by improving literacy outcomes for students with disabilities. By integrating UDL, HLPs, & EBPs into a MTSS, the strategy ensures educators are equipped to deliver instruction that meets the needs of students with disabilities. By prioritizing these practices, the strategy if facilitating literacy growth & aligning with the overall goal of increasing literacy outcomes as measured by the statewide student assessment.

This strategy supports long-term sustainability by fostering a data-driven, scalable model of LEA support. As the strategy expands, the data-driven approach will continue to provide tailored support to additional LEAs, ensuring the long-term effectiveness of the improvements in systems, leadership, educator practices, & student outcomes, ensuring scalability across the state.

Strategy Two focused on transforming personnel development through a system of competency-based PD/TA aligned with DESE initiatives, increasing statewide access to PD and MCs in UDL, HLPs, and EBPs. Data collection tracked the effectiveness of PD, TA, & coaching, with surveys & evaluations measuring progress & outcomes. The Educator Self-Efficacy Survey revealed that 93% of educators reported increased self-efficacy in improving outcomes for students with disabilities. The SCA showed systemic improvements across Leadership (94%), Infrastructure & Resources (100%), Communication & Engagement (89%), with an overall score of 94%, reflecting alignment & sustainability of effective practices.

Stakeholder engagement included continuous feedback from educators & administrators, collected through MC completion reports, coaching feedback, & surveys, to ensure the PD model remained responsive to educators' evolving needs. Regular feedback loops helped adjust the content & delivery of PD to ensure its effectiveness statewide. Achievements were communicated to stakeholders to maintain transparency & foster a shared understanding of progress and growth areas.

The delivery of high-quality PD, including MCs, provided educators with job-embedded professional learning, enabling them to demonstrate mastery of new strategies, such as UDL, HLPs, & EBPs. This competency-based PD aligned to quality standards, state PD standards, & data components, contributing to the sustainability of effective practices. This approach allowed educators to adapt these strategies to meet the unique needs of their classrooms, directly increasing their ability to support all students. The combination of PD, TA, & coaching led to improved educator practices, with educators more effectively differentiating & specially designing instruction to respond to the individual needs of students. Educators' practices improved with 96% meeting proficiency targets related to PD, and 85% implementing UDL, HLPs, & EBPs with fidelity. The alignment between educator learning & student support led to improved literacy outcomes, as evidenced by ongoing progress monitoring & assessment data.

Strategy two supports the SiMR goal of improving literacy outcomes for students with disabilities by equipping educators with the tools, knowledge, & support needed to implement UDL, HLPs, and EBPs effectively. The integration of assistive & instructional technology (HLP 14) into daily instruction ensures that students, especially those with disabilities, can access grade-level content, leading to better literacy outcomes. The combination of these practices & technologies supports students' ability to engage with high-quality instruction & achieve growth in reading & other academic areas.

By promoting continuous, competency-based professional learning. Strategy Two supports system change & long-term sustainability. As the PD model expands, it will reach more educators, ensuring its scalability & long-term impact. The data-driven approach to PD, coupled with the use of MCs and ongoing TA, ensures lasting effects by equipping educators with the knowledge & skills to implement best practices. The strategy's scalable nature ensures that as more educators engage with this model, the effectiveness of these practices will continue to contribute to improved literacy outcomes statewide, supporting the long-term sustainability of the system.

**Did the State implement any <u>new</u> (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

The next steps for Strategy One and Strategy Two will build on progress made during the current period, with a focus on data-driven decision-making, scalable PD, & collaborative leadership, all critical for improving outcomes for students with disabilities as aligned with the SiMR.

Strategy One will further expand the coherent support system for LEAs by increasing participation in the MAP project & the ToT, offering more tailored coaching, PD, & TA sessions. The MAP and ToT will continue to develop a culture of shared accountability & responsibility among administrators, general educators, special educators, & related service professionals. These efforts will promote the development of collaborative goals, leading to more innovative service delivery. This will offer students with disabilities increased access to high-quality core instruction and greater opportunities for meaningful participation in their LRE. Broadening the integration of UDL, HLPs, & EBPs into MTSS will provide continued support to LEAs, increasing their ability to serve students with disabilities effectively. By increasing collaboration & student access, students are expected to achieve moderate to high growth in literacy, as measured by statewide assessments, and improvements in LRE participation.

Stakeholder engagement & feedback loops will be streamlined to ensure continuous refinement of support strategies. Additionally, interdepartmental collaboration will be strengthened across OSE, SPDG, ACC, TCFEF, advisory councils, national TA providers & other key stakeholders. In addition, DESE plans to increase collaboration with TCFEF will ensure alignment between family & educator engagement (HLP 3) to improve student outcomes. The integration of these updated practices will enhance educators' capacity to collaborate with families as partners to improve student outcomes. TA provided by NCEO will continue through the next reporting period. The focus will remain on developing a growth measure for students participating in the AA-AAAS. This support will be used to guide the potential development of a second SiMR.

In the next reporting period, system alignment is expected to improve, as indicated by further gains in competency, organizational, & leadership drivers on the SSIP Infrastructure Tool. The collaborative accountability model will also expand to foster greater cohesion across LEAs & strengthening leadership teams. Data from self-efficacy surveys will show increased educator confidence in implementing UDL, HLPs, & EBPs, and the SCA results will reflect continued growth in leadership, infrastructure, & communication.

DESE will further integrate training on UDL, HLPs, & EBPs, including assistive & instructional technology (HLP 19) tools of uPAR, Read&Write, and Equatio, into the MAP, ToT, & R.I.S.E. initiatives. This will ensure educators are equipped to effectively implement best practices & HQIM and make data-driven decisions to create accessible learning environments. While the SSIP SiMR focuses on literacy growth for students with disabilities in grades 3-5, DESE recognizes the need to support all students. Statewide support for the Strategic Instructional Model (SIM™) will continue, with increased digital access to SIM™ Learning Strategies and Content Enhancement Routines. Training & coaching will be reinforced through a collaborative partnership with the University of Central Arkansas Mashburn Center for Learning. SIM™ PD will be scaled via AR IDEAS, DESE's online learning system, and the OSE Inclusive Education Specialist will pursue certifications to increase the state's capacity for certified trainers & coaches, further integrating SIM™ across statewide programs.

DESE recognizes the critical role of administrators in driving schoolwide change, especially in providing meaningful access to high-quality instruction for students with disabilities. The SiMR will remain the overarching goal, aligning inclusive leadership practices with improving literacy outcomes. To support this, the SSIP will integrate modules from the Inclusive Principal Leadership series, developed by the CEEDAR Center in collaboration with CCSSO, into MAP and ToT and form an administrator support network. These modules will equip administrators with the knowledge & skills necessary to lead schoolwide change through the implementation of sustainable systems, structures, & effective practices. Administrative leaders will guide schools in increasing access to core instruction, promoting continuous improvement in LRE for students with disabilities, & further impacting the SiMR.

Strategy Two will focus on expanding access to competency-based PD, including MCs, for UDL, HLPs & EBPs, using the AR IDEAS learning management system for flexibility & educator autonomy. PD on MTSS and meaningful access will be intensified to address both behavioral & academic needs, with an intentional focus on literacy & increased access to tools like uPAR, Read&Write, and Equatio. The coaching model will also be expanded to support educators in applying these practices to effectively differentiate & provide specially designed instruction for students with disabilities.

DESE will enhance communication & feedback loops to ensure PD efforts are responsive to educator needs. Surveys & coaching observations will provide ongoing data to adjust & align PD with state priorities, supporting the scaling of EBPs. DESE expects improvements in educator practices, with more educators meeting proficiency targets for PD & MCs in UDL, HLPs, & EBPs, and increasing fidelity in implementation. This will lead to greater access to high-quality instructional materials (HQIM) & specially designed instruction for students with disabilities, directly impacting the SiMR by improving literacy outcomes. The continued reinforcement of the R.I.S.E. initiative will support statewide PD in reading, focusing on strategies for students with disabilities. In the next reporting period, DESE anticipates measurable improvements in educator practices, as reflected in higher proficiency in MCs & deeper integration of evidence-based instructional strategies into classroom practices, as observed through coaching observations.

With the expansion of PD & TA that incorporate UDL, HLPs, & EBPs, measurable improvements in educator self-efficacy are anticipated. Educators will feel more confident in their ability to provide specially designed instruction for students with disabilities. As SIM™, UDL, HLPs, and EBPs are scaled, students with disabilities will gain better access to high-quality instruction, contributing to improved literacy outcomes.

Both strategies are expected to show measurable improvements in educator self-efficacy, implementation fidelity of UDL, HLPs, and EBPs, and systemic collaboration. DESE expects moderate to high growth in student literacy outcomes, particularly for students with disabilities, as reflected in statewide literacy assessments. With continued PD/TA expansion, particularly around of assistive & instructional technologies, DESE anticipates increased access to high-quality instruction, more opportunities for students with disabilities to engage with rigorous, grade-level content, and further refinement of support systems for sustainability & scalability of these efforts.

By the next reporting period, DESE anticipates measurable improvements in student literacy outcomes, particularly for students with disabilities. These improvements will be reflected in moderate or high growth scores on statewide literacy assessments, as outlined in the SSIP Theory of Action, Logic Model, and SiMR. The SSIP Logic Model can be viewed at https://arksped.ade.arkansas.gov/documents/ssip/SSIP-OSE-Logic-Model-2025.pdf.

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

High Leverage Practices for Inclusive Classrooms (HLPs)
Collaboration
Universal Design for Learning (UDL)
Multi-tiered Systems of Support
Strategic Instructional Model (SIM™)
Inclusive Administrator Leadership
Coaching
Job-embedded professional learning
High-Quality Instructional Materials

**Provide a summary of each evidence-based practice.**

High Leverage Practices (HLPs) for Inclusive Classrooms, as defined by the Council for Exceptional Children, are a set of essential practices identified through research as having a strong, consistent impact on student learning and outcomes, especially for students with disabilities. These practices are designed to be systematically taught, learned, and implemented by both novice and experienced educators across all content areas. HLPs demonstrate significant potential for improving academic and behavioral outcomes for students with disabilities and other learners. To maximize their effectiveness, these practices are best utilized within a tiered system of support, where decision-making is informed by data to address individual student needs.

Collaboration (HLPs 1-3), when applied in structured ways, is evidence-based. Research supports collaboration between educators, related service professionals, and families as a key factor in improving student outcomes. Structured teacher collaboration with a clear focus on relevant, effective practices helps drive improvements in instructional effectiveness. By leveraging the collective expertise of group members, educators can share insights and strategies, elevating the overall performance of the team. Collaboration also promotes a sense of trust and motivation, which is essential for creating a positive learning environment for both students and educators. Additionally, this sense of shared purpose contributes to a more sustainable and effective school culture which has a direct impact on student achievement.

According to ESSA, Universal Design for Learning is recognized as a scientifically valid framework for guiding educational practice. UDL provides multiple means of engagement, representation, and action/expression to accommodate unique learning preferences and needs. UDL has a solid evidence base, with research showing that it improves access to learning for all students, including students with disabilities, by offering flexibility in presenting information, allowing multiple ways for students to respond or demonstrate learning, and promoting varied student engagement in the learning process. Additionally, UDL aims to eliminate barriers to instruction, provide appropriate accommodations and supports, and uphold high achievement expectations for all students.

Multi-tiered Systems of Support (MTSS) is a comprehensive, data-driven general education model designed to identify students who may be at risk for learning and/or behavioral challenges. This model involves multiple components with a focus on timely support and progress monitoring to ensure effective instruction and intervention based on student needs. Research supports MTSS as an effective practice for academic and behavior challenges, particularly for students with disabilities.

The Meaningful Access and Participation Project is strategically designed to develop inclusive administrators and leadership teams. This initiative aims to equip school leaders with the necessary skills to effectively support students with disabilities and collaborate with educators across educators across general and special education, ultimately improving student outcomes. Inclusive leaders foster learning environments where all students can excel and promote distributive leadership to enhance educator support and retention, particularly for those who are highly effective working with students with disabilities. Research indicates that inclusive leadership positively impacts school culture and climate, teacher effectiveness, and student outcomes, especially for students with disabilities.

The Strategic Instructional Model (SIM™) is a formal model of cognitive and metacognitive interventions for struggling learners designed to focus on the following three broad areas of learning: acquisition, storage, and/or expression/demonstration. The goal of SIM™ is for students to grow in executive functioning skills for self-directed learning. SIM™ has a well-documented evidence base for improving academic outcomes, especially for struggling readers and students with disabilities.

Coaching, when used as part of a professional development/professional learning model, is well-supported by research. Educator coaching, particularly coaching to support the effective implementation of evidence-based strategies, has been shown to improve teaching practices, enhance educator self-efficacy, and positively impact student outcomes. This practice is evidence-based, particularly when it is ongoing, job-embedded, and paired with meaningful feedback.

Job-Embedded Professional Learning, also referred to as competency-based professional learning, is a highly effective model for adult learning. It allows educators to apply new skills and knowledge directly in their classrooms, making it more relevant and sustainable. Research supports the idea that professional development/professional learning is most effective when it is ongoing and embedded in educators' daily work, rather than traditional one-time workshops.

High-Quality Instructional Materials (HQIM) are aligned with rigorous academic standards and research-based methods, designed to support all learners, including students with disabilities. HQIM are grounded in the Science of Reading (SoR) and Universal Design for Learning (UDL) principles, ensuring accessibility and engagement for all students. Research shows that HQIM improve literacy and academic achievement by providing teachers with structured, evidence-based strategies. When paired with professional development, HQIM help educators implement consistent, high-quality instruction, contributing directly to improved outcomes for students with disabilities, especially in literacy.

**Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child /outcomes.**

AR is committed to providing meaningful to high-quality instruction in the LRE for students with disabilities, focusing on literacy. The EBPs in the SSIP drive systemic change, increasing access to core instruction that supports academic & behavioral growth. Through PD, TA, & coaching, educators develop the skills to support all learners. Collaboration among general educators, special educators, & related service professionals ensure a data-driven approach to improve literacy for students with disabilities, aligned with the SSIP SiMR. This teamwork tailors instruction to student needs & empowers educators to implement effective EBPs.

The intended impact is evident in SSIP schools, where the SiMR target has been exceeded in the past four reporting cycles. The changes & expected impacts across DESE, LEAs, educators, and students are outlined in the SSIP Logic Model and Theory of Action.

DESE has embedded HLPs into statewide PD & MCs, training educators to implement these practices effectively within a data-driven MTSS to address individual student needs. HLPs are incorporated into the MAP & ToT initiatives, offering LEAs & educators ongoing coaching & TA. SSIP and SPDG-supported schools help LEAs incorporate HLPs into teacher observations, fostering a unified instructional approach. Through statewide PD on HLPs, educators will implement these practices effectively, improving instructional consistency & effectiveness. Students with disabilities will experience improved literacy & academic outcomes as educators implement HLPs. Families will benefit from improved collaboration (HLP 3) & involvement in decision-making, leading to better educational experiences.

In alignment with ESSA, DESE supports UDL by integrating it into PD & resources for educators, ensuring flexible & inclusive teaching strategies. UDL principles are embedded in statewide initiatives like MAP, ToT, and R.I.S.E., aligned with statewide literacy goals to increase universal access to grade-level content, especially for students with disabilities. Educators will use UDL principles to adapt instruction, present information flexibly, & promote student engagement in the learning process. This framework will support educators to eliminate barriers, provide appropriate accommodations, & maintain high expectations for all students, improving literacy outcomes. Families will benefit from a more inclusive, accessible learning environment.

DESE promotes collaboration through the MAP & ToT initiatives, encouraging teamwork among educators, service providers, & families. DESE supports cross-functional collaboration at the state & LEA levels, guiding LEAs to integrate collaborative practices across departments to ensure cohesive support for students with disabilities. This collaboration with enhance instructional consistency & provide a more coordinated approach to education, improving literacy & academic success for students with disabilities. Families will benefit from better communication & support as educators & providers work together to meet their child's needs.

DESE promotes statewide MTSS PD & coaching (THRIVE, BX3, and MAP) to help educators use data for early identification of student needs. MTSS is a general education model that addresses learning & behavioral challenges. DESE supports LEAs in implementing MTSS, ensuring structured tiered interventions, progress monitoring, & responsive teaching. Educators collaboratively identify essential standards, frequently review student assessment data, & match interventions to student needs, ensuring high level of learning for all. Students with disabilities will receive timely, tailored interventions based on individual needs, leading to improved literacy & academic achievement. Families will benefit from clear, structured support that helps students succeed academically.

The Meaningful Access and Participation Project aims to develop inclusive administrators and leadership teams. This project prepares leaders to support students with disabilities & educators across general & special education to improve outcomes. Administrators create environments where all students can excel & promote distributive leadership to retain effective teachers of students with disabilities. DESE guides LEAs in developing practices that enhance administrators' efficacy in supporting educators & improving instructional quality, ensuring alignment with the needs of all students, particularly those with disabilities, to improve literacy outcomes.

The Strategic Instructional Model (SIM™) offers cognitive & metacognitive interventions for struggling learners, focusing on acquisition, storage, & expression of knowledge. DESE supports LEAs with SIM™ implementation through PD & coaching, providing educators with structured methods to support literacy development. Educators will be trained to implement SIM™, helping students organize & process information, improving literacy outcomes. Students with disabilities will develop stronger literacy skills & fostering academic independence.

DESE integrates coaching into Strategy One & Strategy Two of the SSIP, offering job-embedded support to educators to enhance instructional practices. DESE encourages LEAs to adopt tailored coaching models, providing educators with targeted, ongoing support to refine teaching strategies, improve self-efficacy, & implement EBPs effectively. With coaching, educators will enhance instructional effectiveness, leading to improved literacy outcomes, especially for students with disabilities, benefiting families higher-quality instruction.

DESE supports job-embedded professional learning through MCs and PD linked to classroom experiences. Integrating MCs, like UDL and HLPs, into the state's professional development system empowers educators to develop new competencies, measure skill proficiency, & earn recognition along DESE's career continuum. This approach fosters educator ownership, leading to improved instructional & assessment practices. DESE encourages LEAs to formalize job-embedded PD in professional learning plans, ensuring educators continuously improve based on student needs. This ongoing, relevant PD enhances teaching effectiveness, especially in literacy for students with disabilities, resulting in better outcomes for students.

DESE supports High-Quality Instructional Materials (HQIM) by providing access to aligned, evidence-based curricula, ensuring materials are grounded in the SoR and UDL principles to support the needs of all learners. HQIM are integrated into district-level curriculum adoption processes & evaluated for quality/alignment with state standards, ensuring all students, including those with disabilities, access high-quality instruction. Educators are trained to implement HQIM effectively, using strategies that align with the SoR and UDL. Students with disabilities benefit from high-quality, rigorous instructional materials that support literacy growth, contributing to improved outcomes & exceeding SiMR targets in literacy.

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

To assess the fidelity for HLPs, a set of specific criteria has been developed by the SPDG & DESE Educator Effectiveness. These criteria serve as a standardized measure to determine whether HLPs have been implemented with fidelity in the classroom. Educators submit evidence of their implementation, which is then scored against the established criteria. This process ensures that HLPs are being applied effectively & consistently, providing valuable data to gauge the success of implementation & identify areas for further support or improvement. UDL uses a similar method to assess fidelity of implementation. Each UDL principle has its own set of criteria, which educators must demonstrate effective implementation through the submission of evidence. Additionally, coaches conducting classroom observations using the UDL Observation Form to assess implementation fidelity.

Research supports the idea that collaboration between general educators, special educators, and related service professionals is essential for improving instructional effectiveness. Fidelity of implementation for collaboration is assessed through coaching observations, meeting notes, and agendas, which ensure that meetings are focused on relevant, effective practices.

The MAP Needs Assessment & coaching observations guided schoolwide decision-making to improve student learning outcomes. Data-driven decision-making & these tools tracked the impact of improvement efforts, ensuring the strategy's continued effectiveness in driving positive outcomes. To monitor fidelity of MTSS implementation, the MAP Project Needs Assessment is utilized to develop a tailored plan used to evaluate & guide the ongoing implementation of MTSS. This includes coaching observations, where coaches assess how effectively schools are applying MTSS components and provide feedback based on findings. Together, the needs assessment & coaching observations ensure that MTSS is implemented with fidelity, allowing for continuous improvement and better support for students. Also in the MAP Project, inclusive administrator leadership is supported through the tailored school plan. This plan is implemented throughout the school year, with a focus on addressing specific needs & promoting effective systems and

practices. During coaching visits, observations are centered on the implementation of this plan, ensuring that administrators are actively leading efforts to support effective practices. Coaching notes are used to track the status of implementation, providing valuable feedback, & ensuring that the plan is being effectively carried out to promote a more accessible and supportive school environment.

Fidelity of SIM™ implementation is assessed through coaching observations & the collection of artifacts related to each content enhancement routine or strategy. Coaches observe educators as they apply SIM™ strategies in the classroom & review evidence of the strategies in action, such as lesson plans, student work, and other artifacts. This process ensures that SIM is implemented with consistency and effectiveness, providing educators with the support they need to improve student outcomes.

Fidelity of implementation for coaching is measured through a combination of structured observations, reflection notes, ongoing feedback, & the Coaching Integrity Self-Assessment. Coaches use the self-assessment to develop goals & action plans for achieving those goals. Reflection notes from those being coached, collected after each coaching session, provide insights into the effectiveness of the coaching, any challenges faced, and progress made. Regular follow-up & feedback ensure that coaching remains aligned with their growth goals, supporting continuous improvement and sustained fidelity of coaching practices. On a scale of 1 (emerging) to 4 (sustaining), data indicated that 93% of coaches scored at a 3 or 4 at the end of the year in regards to the self-assessment supported by evidence.

To ensure that job-embedded professional learning is high-quality and effective, the Observation Checklist for High-Quality Professional Development (HQPD Checklist-3) is used to evaluate fidelity. The HQPD Checklist includes 21 evidence-based adult learning indicators, which are essential for guiding the design and implementation of job-embedded professional learning. During this reporting period, 95% of developed PD fully align and include the adult learning principles as observed by the HQPD. To ensure high quality & alignment of micro-credentials, also job-embedded professional learning, developed by DESE and SPDG, the state adopted Quality Assurance Standards (QAS). These standards provide clear criteria by which earners, developers, assessors, issuers, & recognizers can evaluate the quality of a given MC. The QAS ensure that MCs support educators in acquiring the essential skills needed for effective implementation, while also maintaining rigor & relevance across different educational contexts. 100% of DESE micro-credentials meet or exceed all standards within the QAS.

To measure fidelity of implementation of HQIM, Arkansas utilizes the AR APP to review district plans. The AR APP ensures that districts' plans for HQIM align with state expectations by conducting a thorough review & providing targeted feedback. Districts are expected to revise their plans based on this feedback, with ongoing support provided until the plans meet state-level standards for HQIM. This process helps to ensure that HQIM is implemented with fidelity, consistent with Priority 1, which focuses on enhancing the quality of instruction and student outcomes. Additionally, through the MAP project, coaches support educators in the use of HQIM by documenting observations & next steps for the subsequent coaching meeting, further reinforcing the implementation process and ensuring continuous improvement in implementation. For this reporting period, all SSIP-targeted schools have met the state expectations for HQIM. 100% of SSIP-targeted schools met the state expectations within AR APP for Priority 1 related to HQIM and PD plans.

To measure change across multiple agency initiatives and practices reflected in the SSIP, Arkansas continued to utilize the SSIP Infrastructure Development Planning and Progress Management Tool: Using Implementation Drivers and Stages of Implementation. On a scale of 1 (pre-exploration) to 5 (full implementation), the SSIP Infrastructure Tool revealed the following scores: Competency drivers selection 5.0, training 4.0 & coaching 4.5), Organizational drivers (data systems 4.0, facilitative administration 5.0 & systems intervention 5.0), and leadership drivers (technical & adaptive leadership 4.0). The overall performance assessment reached 5.0, highlighting significant alignment & system coherence across various stages of implementation.

**Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

In addition to the fidelity measures previously discussed, Arkansas's SSIP has collected various other types of data to monitor & support the ongoing use of EBPs. These data provide insights into the effectiveness of the strategies being implemented, highlight areas for improvement, & support continuous refinement of the practices to ensure positive outcomes for students with disabilities.

Data-driven tools like the SSIP Infrastructure Tool & State Capacity Assessment (SCA) tracked progress across key areas of competency, leadership, & organization capacity. On a scale of 1 (pre-exploration) to 5 (full implementation), the SSIP Infrastructure Tool revealed strong progress with scores in competency drivers (selection 5.0, training 4.0 & coaching 4.5), organizational drivers (data systems 4.0, facilitative administration 5.0 & systems intervention 5.0), and leadership drivers (technical & adaptive leadership 4.0). The overall performance assessment reached 5.0, highlighting significant alignment & system coherence across various stages of implementation. The SCA showed systemic improvements across Leadership (94%), Infrastructure & Resources (100%), Communication & Engagement (89%), with an overall score of 94%, reflecting alignment & sustainability of effective practices.

Data collection tracked the effectiveness of PD, TA, & coaching, with surveys & evaluations measuring progress & outcomes. The Self-Efficacy Survey revealed that 93% of educators and 100% of administrators reported increased self-efficacy in improving outcomes for students with disabilities. The Professional Learning Impact Survey allows participants to rate their level of knowledge and abilities for the specific learning targets addressed throughout the training session(s). For this reporting period, 96% educators indicated a level of proficiency (average or above-average) in regards to their knowledge and abilities related to the professional development learning targets.

Related to HLP 19, uPAR data was collected in SSIP-targeted schools. Data reflects that 925 students were able to comprehend better with the Read&Write read-aloud feature and approximately 1,800 students were able to access grade-level text or higher with read-aloud accommodations.

The MAP Needs Assessment & coaching observations guided schoolwide decision-making to improve student learning outcomes. Each school demonstrated growth across six critical areas: 1) aligning schoolwide policies, procedures, & practices; 2) Fostering collaborative teams & structures; 3) ensuring a Guaranteed and Viable Curriculum with aligned instruction & assessment; 4) intentional, proactive instructional planning; 5) developing IEP goals tailored to individual student needs; and 6) strategically developing systems to provide special education services based on student needs. 100% of participating schools reflected improvements from beginning of the year to end of the year ratings.

Quarterly notes from the SEAC and monthly ACC meetings are collected and used to refine the implementation of SSIP strategies. These notes are shared with other stakeholders to strengthen engagement and collaborative efforts for continuous improvement.

LRE data is collected and reflects 60% of SSIP-targeted schools have an LRE of 80% or higher for 5A.

**Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.**

High Leverage Practices: The SSIP will leverage the SPDG's work on MCs for all HLPs & enhance state-level capacity to align UDL & HLPs across initiatives. The SSIP will collaborate with DESE to provide PD to novice administrators, general educators, & special educators in HLPs. Regional training on assistive & instructional technology (HLP17) will be expanded to support student access to high-quality instruction, advancing leadership's commitment to meaningful access for students with disabilities in LRE. Scaling of HLPs will improve educators' confidence & skills in supporting students with disabilities. The SSIP will continue partnering with TCFEF to gather feedback from families & educators on HLPs to improve strategies & outcomes. An increase in LRE is expected as students with disabilities gain better access to quality core instruction. DESE will integrate HLPs into PD & coaching, focusing on classroom practices & school leadership. By the next submission, educators will demonstrate improved proficiency in HLPs, resulting in better student engagement & literacy outcomes for students with disabilities.

Collaboration (HLPs 1-3): DESE will continue to foster collaboration by promoting the use of collaborative teams and enhancing cross-departmental collaboration at the district and school levels. Additional PD will focus on improving collaboration among general educators, special educators, & related service professionals. By the next submission, DESE will provide PD on collaborative goal writing which will result in more cohesive instructional practices across schools, which will improve the quality of support for students with disabilities. This will contribute to improved literacy outcomes & an increase in LRE, as students will benefit from more coordinated teaching and support services.

Universal Design for Learning: The SSIP will leverage the SPDG's work on MCs for UDL & enhance state-level capacity to align UDL across initiatives. Scaling UDL will boost educators' confidence & skills in supporting students with disabilities, leading to increased LRE as students gain better access to quality core instruction. DESE will expand its PD & coaching support for UDL, providing resources & training for educators on applying UDL principles in lesson planning & instructional practices. DESE will work with LEAs to ensure that consistent incorporation of UDL in school initiatives. By the next SPP/APR, educators will more effectively implement UDL strategies, increasing student participation & engagement, particularly for students with disabilities. This will lead to improved literacy outcomes as students will have better access to grade-level content.

Multi-Tiered Systems of Support: DESE will expand its efforts to implement MTSS by providing additional PD & coaching on how to effectively monitor student progress & adjust interventions based on data for both behavior and academics. Emphasis will be placed on ensuring fidelity in the implementation of tiered interventions and data-driven decision making. By the next submission, DESE expects to see more consistent and effective use of MTSS, with educators more confidently using data to inform instructional decisions. This will result in more students receiving targeted interventions, leading to improvements in literacy outcomes for students with disabilities.

Strategic Instructional Model: While the SSIP SiMR focuses on literacy value-added growth for students with disabilities in grades 3-5, AR will expand support for all students by emphasizing the Strategic Instructional Model™ and increasing digital access to SIM™ Learning Strategies & Content Enhancement Routines. Training & coaching will be reinforced through a partnership with the University of Central Arkansas Mashburn Center for Learning. By the next submission, SIM™ PD will include digital access, face-to-face and virtual sessions, & job-embedded coaching. Educators will effectively apply SIM™ strategies, improving engagement & literacy outcomes, particularly for students with disabilities. DESE Inclusive Practices Specialists will become certified in multiple strategies, increasing statewide access to certified trainers. This approach aligns with HLP 14 & empowers educators to support students in becoming self-directed learners.

Inclusive Administrator Leadership: The SSIP will integrate modules from the Inclusive Principal Leadership series, developed by the CEEDAR Center in collaboration with CCSSO, into MAP and ToT and form an administrator support network. These modules will equip administrators with the skills to lead schoolwide change through sustainable systems, structures, & effective practices. Leaders will guide schools in increasing access to core instruction & promoting continuous improvement in LRE for students with disabilities, further impacting the SiMR. The DESE ALL IN website will expand with resources to advance inclusive education & improve outcomes for students with disabilities. LEAs will recognize that this work stretches beyond the scope of special education & involves all stakeholders. DESE anticipates a shift toward considering all students as general education students, served in Least Restrictive Environments. By the next submission, school leaders will more effectively foster inclusive environments, improving access to high-quality instruction, & contributing to improved literacy outcomes for students with disabilities.

Coaching: DESE will expand its coaching model by increasing the number of coaches supporting educators in implementing HLPs, UDL, and EBPs. Ongoing coaching will be integrated into school-based PD to ensure sustainability & implementation fidelity. The SPDG & DESE Educator Effectiveness will increase statewide support through monthly Coaching Collaboratives & Communities of Practice focused on coaching skills & implementation challenges. By the next submission, educators will demonstrate increased proficiency in applying EBPs, leading to improved literacy outcomes for students with disabilities & greater access to high-quality core instruction, resulting in increased LRE.

Job-Embedded Professional Learning: DESE will continue to expand its job-embedded professional learning model, incorporating additional in-person PD and micro-credentialing opportunities for educators focused on UDL, HLPs, and EBPs. This will be integrated with coaching to provide real-time feedback and implementation support. By the next submission, educators will show improved implementation of UDL, HLPs, and EBPs, along with stronger literacy instruction, particularly for students with disabilities, due to sustained, hands-on learning experiences. This will lead to improvements in student literacy outcomes.

High-Quality Instructional Materials: DESE will expand the use of HQIM by offering additional PD sessions, including MCs, & providing support for educators to integrate HQIM into their classrooms. The focus will be on increasing HQIM adoption across districts to provide consistent, evidence-based resources for all educators. DESE will collaborate with LEAs to align HQIM with state standards & student needs. By the next submission, educators will be more proficient in using HQIM to deliver high-quality, standards-aligned instruction, leading to improved literacy outcomes for students with disabilities.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

The above-listed SiMR data indicates that Arkansas has exceeded the target across four reporting cycles in SSIP-targeted LEAs implementing the coherent improvement strategies. Stakeholder feedback and parent engagement sessions indicate that the SSIP is well-calibrated to the needs of Arkansas LEAs. Results from the SSIP Infrastructure Tool, and the State Capacity Assessment indicate that systemic change is occurring throughout the cascade of supports from the SEA to the classroom.

**Section C: Stakeholder Engagement**

**Description of Stakeholder Input**

Following the submission of the new targets for the FFY 2020-2025 SPP/APR cycle, the OSE has continued to collaborate closely with numerous partners and through various initiatives to obtain authentic engagement and reciprocal exchange of information regarding the targets, including Indicator 17. These partners and/or initiatives include:

Stakeholders in Arkansas continue to play a critical role in shaping the SSIP through a variety of engagement methods, ensuring the development, implementation, and evaluation of strategies aimed at improving outcomes for students with disabilities. The State Special Education Advisory Council (SEAC) holds quarterly meetings in January, April, July, and October. Each meeting provides a forum for collection of feedback regarding SPP/APR targets & the SSIP Theory of Action. SEAC's representation includes 9 parents, 2 advocates, 2 members from Arkansas Rehabilitation Services, 2 members from Career and Technical Education, TCFEF, foster care representatives, higher education, juvenile corrections, adult corrections, LEA special education supervisors, McKinney-Vento administrator, 4 teachers, and representatives from private and public charter schools. During these meetings, the council members and public participants are provided updates on the previously held stakeholder input sessions, compliance indicators, dispute resolution indicators, and the SSIP.

The Center for Exceptional Families (TCFEF) is a Parent Training and Information (PTI) center for the state with the mission of improving educational opportunities for students with disabilities, including students transitioning to adult life beyond high school. The OSE partnered with TCFEF during the target setting for the FFY 2020-2025 SPP/APR cycle and maintains ongoing collaboration to solicit stakeholder feedback regarding indicator target updates and the SSIP. TCFEF is also a contracted partner of the State Personnel Development Grant which directly aligns with the SSIP Theory of Action. Feedback gathered from stakeholders informs target setting, strategy development, and refinement for the SSIP. In the 2023-2024 year, 100 parents attended TCFEF webinars, with recordings made available for broader access, ensuring that families from remote areas could participate. In addition, 15 parents from rural north-central Arkansas were engaged through an in-person presentation of SSIP indicators, further increasing engagement from underserved families. In partnership with SPDG, TCFEF continued its family engagement efforts through weekly webinars and focus groups. During the 2023-24 year, 33 parents attended an in-person training session hosted by TCFEF, receiving a resource binder to help them partner with schools in supporting their children's educational success. The feedback from these sessions will inform the development of future training sessions and resource materials, ensuring that families are well-equipped to contribute to their children's educational outcomes.

The Meaningful Access Project (MAP), a key component of the SSIP, promotes effective practices to ensure students with disabilities have meaningful access to core instruction and systems of intervention. Participating schools engage in a collaborative evaluation process that gathers data regarding student achievement, educator practices, and effective PD. This project directly aligns with several key indicators but is especially integral to supporting Indicator 5 (LRE) and Indicator 17 (SSIP). Schools supported by this initiative are factored into the Arkansas State-identified Measurable Result (SiMR). These LEAs form a key constituency group for ongoing input on targets and revisions.

The Arkansas Association of Educational Administrators (AAEA) is an agency of diverse school leaders that promotes quality public education for all children in Arkansas. AAEA's mission is to ensure high standards of leadership by providing quality professional development, influencing education legislation and policy, stimulating and fostering support and building successful coalitions. The OSE maintains a close partnership with AAEA, and particularly the constituent groups of Beginning Administrators (BA) and Special Education Administrators (AASEA). These partnerships provide avenues for broad stakeholder input on all targets in the SPP/APR, and any need for subsequent revisions to the targets. The BA subgroup has had increasing input over the past year through the OSE and AAEA's Advancing Inclusive Principal Leadership (AIPL) and Inclusive Educator for Beginning Administrators initiatives.

The ALL IN Initiative of the OSE promotes meaningful access to core instruction to foster greater opportunities for students to reach college, career, and life goals. The Inclusive Practices website includes an Inclusive Education Toolkit and provides important information for stakeholders in the areas of LRE, UDL, HLPs, Inclusive Principal Leadership, inclusive related services, parent resources, flexible service delivery, scheduling, IEP documentation and videos for implementation support. The Inclusive Practices website also serves a hub for stakeholders, including families, to access resources and build capacity in support of improving outcomes for students with disabilities. Additional information on this initiative can be found on the following website https://sites.google.com/view/inclusive-practices/home. As part of the ALL IN Initiative, the statewide ToT provided training for district & building-level teams. The ToT includes surveys and feedback mechanisms to gather input from educators and staff on EBPs and special education services. This initiative, which received over 4,000 responses in this reporting period, ensures that stakeholder feedback is integrated into decision-making and drives ongoing improvement efforts for the SSIP.

The Arkansas Collaborative Consultants (ACC) Convening & ACC Monthly Director Meetings represent key stakeholders for the SSIP. As OSE's technical assistance arm, the ACC plays a vital role in establishing performance measures to meet the targets outlined in the SPP/APR and to prioritize performance measures across each consultant group. These diverse stakeholders provide leadership, support, and service to LEAs in all 75 counties in the state, in alignment with the vision and mission of OSE and the SSIP. Discussions and feedback solicited across the ACC convening and monthly meetings include Indicator 17: SSIP improvement strategies, data, targets, planning, and action steps.

The Arkansas School-Based Therapy Conference is an opportunity for the constituencies of special education administrators, occupational therapists, physical therapists, and speech-language pathologists to discuss indicator 17 targets and data, and to have meaningful dialogue to connect their roles to the targets when considering flexible service delivery, scheduling, funding, collaborative teaming structures, and high-leverage practices. In this reporting period, the conference had over 650 participants with input shaping the direction of SSIP strategies, training content, service delivery models, and the overall implementation of SSIP goals.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

To ensure meaningful stakeholder engagement, Arkansas has implemented several key strategies that facilitated the collaboration between stakeholders & the state's infrastructure strategies and EBPs. These strategies have enabled the state to gather input, allocate resources, align initiatives, measure progress, celebrate success, & disseminate findings while actively involving stakeholders in key improvement efforts.

Stakeholder engagement strategies primarily utilized for the SSIP include clarifying goals, working with partner organizations, using multiple meeting opportunities, communicating frequently, providing multiple feedback submission methods, & identifying key individuals to champion the work. The SSIP Coordinator, UALR Data and Research Director, and OSE Leadership Team have regularly updated and solicited feedback from external stakeholders including the Special Education State Advisory Council, Special Education LEA Supervisors, and TCFEF to keep these groups informed & gather feedback.

The SSIP Coordinator is frequently involved with SPDG and OSE leadership, as well as the Arkansas Association of Special Education Administrators' meetings. Feedback on the SSIP is regularly solicited through these collaborations. In alignment with the SSIP, the SPDG Coordinator serves on the AIPL initiative to increase administrators' capacity to be inclusive leaders. As part of the DESE monthly LEA technical assistance calls, the SSIP Coordinator and Director of Special Programs provide updates to LEA Special Education Supervisors about the infrastructure work taking place & solicit

their feedback on the process. Continued collaboration between DESE and the ACC to better support LEAs has occurred through monthly meetings & the coordinated application of the SSIP Theory of Action into PD, coaching, and training support.

Arkansas has also made concerted efforts to allocate resources to support PD, TA, & coaching to enhance EBPs, UDL, HLPs, and MTSS. Resources have been directed toward HQIM, training events, & digital access for educators and families. This resource allocation ensures that stakeholders, including those in remote or underserved areas, have access to necessary supports to actively participate and benefit from the state's improvement efforts.

The OSE partnered with The Center for Exceptional Families during the target setting for the FFY 2020-2025 SPP/APR cycle & maintains ongoing collaboration to solicit stakeholder feedback regarding indicator targets. TCFEF maintains a large database of families of students with disabilities, & engages with them via social media, virtual and in-person meetings, & through email. As part of the target setting, TCFEF, the IDEA Data and Research Manager, and the SSIP Coordinator facilitated a statewide virtual event for families to provide feedback on the setting targets, data analysis, & improvement strategies. For families who could not attend the live virtual session, a link to a recording of this event was sent to TCFEF's broad network of families to review and provide input at their convenience. In the 2023-2024 year, 100 parents attended TCFEF webinars, with recordings made available for broader access, ensuring that families from remote areas could participate. In addition, 15 parents from rural north-central Arkansas were engaged through an in-person presentation of SSIP indicators, further increasing engagement from underserved families. Feedback gathered from these sessions informs target setting, strategy development, & refinement for the SSIP. TCFEF also serves as a partner of SPDG, aligning to the SSIP Theory of Action, & a representative serves on the SPDG Core Management team as the Family and Community Liaison. Through SPDG, TCFEF continued family engagement efforts via webinars and focus groups. During the 2023-24 year, 33 parents attended an in-person training session hosted by TCFEF, receiving a resource binder to help them support their children's educational success. The feedback from these sessions will inform future training and resource development, ensuring that families are well-equipped to contribute to their children's educational outcomes. Additional information can be found on the TCFEF and SPDG webpages at http://thecenterforexceptionalfamilies.org & https://www.arspdg.org/parents-family/.

Additionally, Arkansas has made a conscious effort to celebrate stakeholder successes. Monthly meetings with various stakeholders, training sessions, annual conferences, and quarterly SEAC meetings, provide platforms to highlight the progress made in the SSIP, showcasing successful partnerships & strategies. Successes are highlighted at these events, recognizing schools and LEAs that have made significant strides in improving student access to core instruction or engaging families in the process. This public acknowledgment reinforces the value of stakeholder engagement & provides models for other districts to emulate. Celebrating achievements ensures continued stakeholder involvement in the SSIP.

During this reporting cycle, the OSE Inclusive Practices website expanded to include information that describes the systemic change occurring within special education in Arkansas, and provides implementation resources and supports. The website effectively delivers information for key stakeholders, including individuals with disabilities, families, educators, administrators, institutions of higher education, & community members. The website can be accessed here https://sites.google.com/view/inclusive-practices/home.

The inclusion of DESE and LEA special education staff in initiatives such as Arkansas THRIVE, BX3, ALL IN ToT, and MAP directly affects MTSS for academics & behavior as well as student access to quality core instruction. These initiatives focus on advancing meaningful access & include participant feedback through engagement activities & survey data. Based on LEA and participant needs, training improvements were made in service delivery, scheduling, & data analysis to ensure all students have access to the general education curriculum. These efforts are expected to improve student outcomes in the future by providing greater access to MTSS and rigorous instruction alongside peers with and without disabilities.

To collect input for analyzing data, developing improvement strategies, & evaluating progress, the OSE invites stakeholders to attend meetings, conferences, trainings, & webinars through several methods, including direct invitations, emails to LEAs, newsletters, Commissioner Memos (DESE website), placement on the DESE event calendar, & listserv postings. Stakeholder feedback is collected via notetaking, session recordings, participant surveys, & direct surveys on specific topics.

Opportunities for stakeholder feedback occurred at several state conferences. The ADE Summit provides a forum for stakeholder input on key improvement strategies, including the SSIP. Experts present on UDL, HLPs, master scheduling & collaboration, focusing on the advancement of Arkansas' PD system, which is supported by the SPDG. One session, focused on MCs for UDL and HLPs, directly aligns with the SSIP Theory of Action & solicited feedback on the perceived benefits & potential use of MCs.

Several opportunities for stakeholder input include monthly LEA meetings, meetings with the ACC, yearly ACC Convening, the Arkansas School-based Therapy Conference, the DESE Summit, monthly OSE meetings, meetings with regional education service cooperatives, cross-agency content meetings, & PD such as ToT, THRIVE, & MAP.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**
NO


**Additional Implementation Activities**
**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**


**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**



**Describe any newly identified barriers and include steps to address these barriers.**



**Provide additional information about this indicator (optional).**




## 17 - Prior FFY Required Actions
None

**17 - OSEP Response**


**17 - Required Actions**

## Indicator 18: General Supervision

## Instructions and Measurement

**Monitoring Priority:** General Supervision

**Compliance indicator:** This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

## Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

## Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

   a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)

   b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

   Percent = [(b) divided by (a)] times 100

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

## Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

## 18 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2023 | 100.00% |

### Targets

| FFY | 2023 | 2024 | 2025 |
|---|---|---|---|
| Target | 100% | 100% | 100% |

**Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).**

During the 2022-23 school year, an LEA was issued a finding around a manifestation determination and was not tied to a significant discrepancy.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

The LEA identified due to a significant discrepancy received a written notification and was required to review and update its discipline procedures. This was an LEA level finding not a child level finding. To clear the finding, the LEA submitted updated procedures to the OSE Monitoring Program Effectiveness (MPE) section. The MPE staff provided feedback, and the district made revisions accordingly. Upon resubmission of the revised procedures, DESE-OSE reviewed and approved the changes. The LEA was also required to train staff on the approved procedures and post the revised procedures on the district website. Once the district provided evidence of staff training and shared the link to the updated procedures, DESE-OSE reviewed all submitted documentation for approval and sent a close-out letter confirming the district had met all requirements.

In 2022-23, during monitoring, an LEA was issued a finding for failure to follow through with activities after the manifestation determination review (MDR). They failed to review the student's behavior intervention plan, conduct a functional behavioral analysis (FBA), and revise a behavior plan. The LEA submitted additional student folders on students showing the MDR process was followed correctly. THE MPE team reviewed this additional evidence. The LEA was required to revise its policies, procedures, and practices around MDRs. They submitted the required revisions and the MPE staff reviewed the changes. The LEA further had to train staff on the new procedures. Once the required training documentation was submitted and posted to the district website, the MPE staff reviewed the documentation and cleared the finding within the one-year period. MPE sent a close-out letter confirming the district had met all requirements.

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

The finding the LEA received under Indicator 4B was an LEA-level finding not an individual child case of noncompliance; therefore, it is not applicable as stated in C-7 of the general supervision guidance (23-01).

For the second LEA, the state reviewed additional student records for which an MDR was held to ensure the LEA was properly implementing MDR procedures for each child. The review found the individual MDRs were compliant , and the LEA was sent a close-out letter stating the district had met all requirements.

**Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).**

Not Applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**


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


**Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 1 | 0 | 1 | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).**

Not Applicable

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

In FFY 2022, one finding of noncompliance was identified during a review of policies, procedures, and practices.

The compliance action plan required the district to:
1. Develop district policies and procedures for identifying, evaluating, and determining eligibility for special education, including specific roles, timelines, and examples.
2. Create procedures for submitting required special education data on time, including cycle data and components from the Office of Special Education.
3. Review current IEPs to ensure the "Other Health Impairment" (OHI) disability category is appropriate or identify if further testing is needed.

The LEA submitted evidence in the summer of 2024, including:
1. Policies for implementing child find, evaluation, and eligibility determination.
2. Procedures for child find, evaluation, and eligibility determination with roles, timelines, and examples for DESE approval.
3. Procedures for submitting required data within timelines.
4. Evidence that they reviewed current IEPs to ensure the "Other Health Impairment" (OHI) disability category is appropriate.

The State reviewed the evidence, clarified details, and approved the revisions. A letter was sent in early fall 2024 confirming the district had met all requirements.

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

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

The finding of noncompliance was an LEA level finding not an individual child case of noncompliance; therefore, it is not applicable as stated in C-7 of the general supervision guidance (23-01).

**Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).**

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

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

**Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).**

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

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

**Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected) |
|---|---|---|---|---|
| 0 | 3 | 0 | 2 | 1 |

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).**

One district had Indicator 13 findings based on 2021-22 monitoring, with a letter of finding issued in August 2022 (2022-23 school year), and cleared in July 2024.

Two districts had findings identified through 2022-23 monitoring related to the Summary of Performance.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

The district with Indicator 13 findings during the 2021-22 school year was required to submit additional folders indicating Indicator 13 was completed correctly. They had to submit policies, procedures, and practices for DESE-OSE review and approval, and train on the policies, procedures, and practices. They had additional training from the Arkansas Transition Team.

The MPE team identified 2 LEAs in which the SOP was not correctly implemented. The State reviewed folders of subsequent recent graduates to determine that the summary of performance was being implemented correctly. These districts had to submit policies, procedures, and practices for DESE-OSE review and approval, and then train on the policies, procedures, and practices.

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

The MPE team reviewed all folders initially found non-compliant, and they were determined to be compliant. MPE reviewed additional folders through onsite cycle monitoring during the 2-year period during which the non-compliance was open. All folders reviewed were corrected to bring them into compliance. MPE reviewed folders of students who had not been selected for monitoring and whose transition plans were developed after non-compliance was identified to determine the district was completing Indicator 13 correctly. The district was issued a close-out letter in August 2024.

The two LEAS with noncompliance on SOPs were not a child-level finding since the students had already graduated and were no longer in the district's jurisdiction.

*Optional for FFY 2023, 2024, and 2025:*

*Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).*

| Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected |
|---|---|---|
|  |  |  |

**Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:**

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

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

**Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|---|---|---|---|---|
| 2 | 4 | 2 | 3 | 1 |

**FFY 2023 SPP/APR Data**

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified FFY 2022 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 5 | 6 |  | 100% | 83.33% | N/A | N/A |

| | |
|---|---|
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 16.67% |

**Provide additional information about this indicator (optional)**

**Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):**

| | |
|---|---|
| 1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023) | 6 |
| 2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding) | 5 |
| 3. Number of findings <u>not</u> verified as corrected within one year | 1 |

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):**

| | |
|---|---|
| 4. Number of findings of noncompliance not timely corrected | 1 |
| 5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction") | 0 |

| | |
|---|---|
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B | |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9 | |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10 | |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11 | |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12 | |
| 6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13 | |
| 6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings | |
| 7. Number of findings not yet verified as corrected | 1 |

**Subsequent correction:** If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

The district that did not correct non-compliance within a year was identified as a level 5 district in our state, meaning multiple teams worked in the district to assist them with multiple system issues. The district was assigned a new superintendent after the non-compliance was issued. The special education director who worked during the 2021-22 school year (the year non-compliance was originally identified) resigned. The district hired a new special education director for the 2022-23 school year and this individual resigned. The district hired an assistant superintendent for special programs and a due process specialist for the 2023-24 school year. MPE continued to meet monthly with the special education directors during these staff changes.

MPE reviewed additional folders through onsite cycle monitoring during the 2-year period during which the non-compliance was open. All folders reviewed were corrected to bring them into compliance. The MPE team visited the district monthly to review folders, visit classes, and answer questions to help bring the district into compliance. The district was scheduled for regular cycle monitoring during the 2023-24 school year, which was done onsite. DESE-OSE required any non-compliance identified during the second monitoring to be completed by August 2024, including additional folder reviews.

MPE reviewed folders of students who had not been selected for monitoring and whose transition plans were developed after non-compliance was identified to determine whether the district was completing Indicator 13 correctly. The district was issued a close-out letter in August 2024.

## 18 - OSEP Response

## 18 - 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:**

Designated by the Chief State School Officer to certify

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.**

**Name:**

Laura D. Goadrich

**Title:**

Data Manager

**Email:**

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**Phone:**

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**Submitted on:**

02/03/25 12:34:10 PM