

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2024**

Arkansas



PART B DUE February 2, 2026

**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 2024-2025 school year, Arkansas' educational system included 263 school districts and of those, 27 were 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 283 programs.

In the 2023-2024 school year, Arkansas' educational system included 257 school districts and of those, 22 were 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.

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 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 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 OSE's structure establishes a comprehensive general supervision system. The Monitoring and Program Effectiveness (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 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 Assessment and Curriculum 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 Assessment and Curriculum team, DRS, MPE, SSIP, SPDG, 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 the 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 a cyclical fiscal monitoring system with a standardized protocol for determining risk to support the cyclical monitoring, 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 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 a 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 noncompliant 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 conduct 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 may include additional on-site follow-ups and reviews of recent data to ensure the noncompliance is not continuing. 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 with regulations. 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

283

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 on a cycle participate in monitoring activities (which may include an LEA review of IEPs, which is submitted to the OSE). Some districts are selected for on-site monitoring visits based on established risk.

The 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 that are on the cycle monitoring year 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. The onsite review 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. This 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.

Dispute Resolution:

The Dispute Resolution Section works to identify and correct any noncompliance outside of the cyclical monitoring process through written state complaints and due process hearings. The number of findings from complaints and hearings by an LEA contributes to the risk determination used in the cyclical monitoring determinations.

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 noncompliance.

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 are 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 no longer attend the district are noted with the reason for withdrawal (e.g., transfer, graduation, etc.) and are 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. 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 child count as of December 1. 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 (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.
3. Teacher Survey:
 - a. A separate email with Teacher Survey links is sent through SMMS once the review timeframe opens.

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 reflects 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. The collection occurs each Fall and Spring, and is based on prior and current years' 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. AR App
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 OSE Finance Team is responsible for reviewing all financial documents to ensure timely submission and accurate information. The Finance Team also provides technical assistance to LEAs, offering guidance on how to complete documents correctly 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**

**** Findings from state complaints or due process hearings**

**** 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 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 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 provide the necessary data for ongoing monitoring and improvement.

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

Findings are issued to 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 at the OSE 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 20-day Tier 1 monitoring window for fall or spring 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, DESE-OSE sends the district a Letter of Finding, indicating any non-compliance that 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, and before any corrections are 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 that 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. 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>

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 ensure the timely delivery of high-quality, evidence-based (EB) technical assistance (TA) & professional development (PD) that supports & builds the capacity of LEAs. TA priorities are shaped annually by data, outcomes, needs & input from stakeholders, including LEAs, the Parent Training & Information (PTI) center, Special Education Advisory Council (SEAC), families, state partners, & others. Ongoing collaboration & stakeholder engagement ensures TA is aligned with state priorities & local needs.

The MPE & ECSE sections provide TA to help LEAs 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, while the Finance section guides best practice in fiscal management, budgeting, reporting & resource allocation. The IDEA Data & Research section offers TA to improve LEA data literacy, reporting accuracy, compliance, & capacity to use data for decision-making & continuous improvement.

Through the Building Access for Students in Classrooms (BASIC) project & other EC initiatives, the ECSE section provides TA & coaching to support programs in implementing EBPs & high-quality EC MTSS frameworks to establish stable, accessible learning environments for all children, including those with disabilities. Timely TA & action planning enable programs to identify needs, implement targeted improvements, & build sustainable capacity to improve outcomes for all children with disabilities.

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 the 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 cooperatives & families on current & emerging technologies for using AEM.

****The Arkansas Public School Resource Center (APSRC) Special Education Consultant** provides TA to charter schools on implementing EBPs, developing IEPs, paperwork management, & understanding the law & due process. The consultant builds LEA capacity to comply with legal requirements & implement EBPs with fidelity 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 includes Brain Injury (BI) School Support, School-based Related Services, & Assistive Technology & Equipment Loan Programs, provide specialized, capacity-building TA designed to help LEAs implement interdisciplinary supports & EB interventions to meet the needs of students with disabilities. 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 assist LEAs to develop the capacity to provide high-quality educational services through speech-language pathologists, occupational therapists & physical therapists. The ESRSS use EBPs to support 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.

****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 CAYSI program** provides specialized TA to LEAs to support children who are deaf-blind or at risk for deaf-blindness. The Arkansas Deaf Educational Services Consultant collaborates with EARS & CAYSI to increase LEA capacity in serving students who are deaf or hard of hearing. These consultants provide high quality TA to LEAs focused on advancing EBPs to meet students' individual 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 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. 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 for delivering high-quality, EB PD & TA aligned with federal & state priorities, including the SSIP. PD is strategically designed to build LEA capacity, ensuring educators & staff have the knowledge & skills necessary to effectively deliver services to improve outcomes for students with disabilities. Guided by data, current research, EBPs & ongoing stakeholder input, PD efforts are responsive to LEA needs & focus on continuous improvement in the quality of instruction & services. Interagency collaborations with DESE's 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 & its funded consulting groups engage in ongoing PD to strengthen their own knowledge, skills & coaching capacity. This ensures consultants deliver high-quality PD, maintain a high standard of support & stay current with emerging research & practices. To increase statewide access, PD is offered at conferences, regional cooperatives, & the local sessions using in-person, virtual & hybrid formats. The following describes PD provided by OSE & consultants to equip LEAs with the skills needed to improve outcomes for students with disabilities. PD includes, but is not limited to:

****To ensure students with disabilities receive effective services, the MPE section provides PD to help LEAs meet performance indicators, tailoring content to address identified needs, specific challenges & program improvements. The Finance section provides PD on fiscal management, budgeting, reporting & resource allocation, while the Dispute Resolution section offers PD to address areas of noncompliance identified through complaints or hearings.**

****Through the BASIC project & other EC initiatives, the ECSE section provides PD & coaching on EBPs, effective coaching strategies, & the use of data to assess & monitor child progress. These efforts focus on implementing high-quality EC MTSS frameworks that promote access & meaningful learning experiences for all, including children with disabilities. Timely PD & action planning enable programs to identify needs, implement targeted improvement strategies, & strengthen outcomes for children.**

****The IDEA Data & Research section provides PD focused on improving LEA data literacy, reporting accuracy, compliance, & the capacity to use data for decision-making. These trainings help LEAs analyze, interpret, & apply data effectively to improve outcomes for students with disabilities while supporting long-term capacity building to sustain & strengthen data management & decision-making practices.**

****The CIRCUIT 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 individual needs of students.**

****The APSRC Special Education Consultant provides PD on IEP development, special education law, & implementation of EBPs. These PD initiatives help LEAs build the skills needed to create supportive learning environments & deliver high-quality services for students with disabilities.**

****ATS provides PD & TA, & consultations to LEAs, special educators & agency personnel to strengthen transition programs & build the capacity of transition teams to effectively support students with disabilities. ATS also offers resources developed to support students & families plan & prepare for successful transition from school to adult life.**

****The State Personnel Development Grant (SPDG) provides a coherent system of support through job-embedded PD & coaching aligned with DESE's Educator Effectiveness & the SSIP. This PD focuses on developing strong leadership, implementing UDL, & applying EBPs to improve academic & behavioral 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 equips administrators & educators with the skills to effectively address the behavioral needs of students with disabilities.**

****The AEM 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.**

****ESVI Consultants provide LEAs with recommendations on low vision & adaptive devices, large print & braille materials, mobility supports, & instructional adaptations to increase access & learning opportunities for students with visual impairments.**

****CAYSI & Deaf Education Services take a proactive approach to PD by equipping students, families & educational teams with the skills & resources needed for success. Support includes educator training on EBPs, assessments, & resources designed to enhance learning experiences. PD also focuses on accessibility in the general education curriculum, the student's preferred mode of communication, & the development of effective transition plans.**

****EARS provides in-person & virtual PD for LEAs & families to support students who are deaf or hard of hearing. EARS also offers online resources that promote access to best practices for educating students with hearing loss.**

****The ESRSS, which includes Brain Injury School Support, School-Based Related Services, and the Assistive Technology & Equipment Loan Programs, collaborate to design & deliver PD & coaching focused on strengthening the implementation of special education & related services aligned with OSE initiatives. This PD promotes meaningful access & FAPE for students with disabilities, including topics of collaborative goal writing, flexible service delivery, & the use of EBPs. Emphasis is placed on IEP teams considering supports within the general education setting before more restrictive environments. ESRSS also provides specialized PD for staff serving students with BI, focusing on the impact of, managing behavior, & supporting academic achievement. In addition, ESRSS offers speech-language PD on communication & regulatory aspects of service delivery, alongside a resource, assessment, & equipment loan program that helps LEAs effectively support students with speech and 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 and breakout sessions on indicator target setting, data analysis, and improvement activities. The collaboration with this stakeholder group continues to ensure reciprocal feedback and broad participation in developing & refining strategies to improve outcomes for students with disabilities.

The SEAC provides key input on targets & improvement activities through quarterly meetings held in January, April, July & October, where feedback is solicited on SPP/APR targets, the SSIP & related efforts. 55% of SEAC members are parents of students with disabilities and/or individuals with disabilities. The council includes 10 parents, 2 advocates, and representatives from state protection and advocacy agencies, parent training and information centers, local school administrators, Title I, private schools, higher education, and relevant State agencies, including Department of Education, Juvenile Justice, Labor (Vocational Rehabilitation), Corrections, Family and Children's Services, and The Center for Exceptional Families (TCFEF). 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 inform the development, implementation & evaluation of strategies to improve outcomes for students with disabilities. Access SEAC agendas at: <https://dese.ade.arkansas.gov/Offices/special-education/advisory-council>.

To strengthen parent capacity across the state, the OSE partners with TCFEF, the PTI center. TCFEF engages families statewide through social media, virtual & in-person events, & translated materials. During the FFY 2020-2025 SPP/APR target-setting phase, OSE worked with TCFEF to ensure meaningful family participation by applying UDL principles & providing accessible formats. Ongoing collaboration ensures family perspectives inform target setting, strategy refinements, and implementation activities aimed at improving outcomes for students with disabilities.

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 OSE engages the Arkansas Association of Educational Administrators (AAEA) Special Education Administrators group to obtain input on SPP/APR targets, revisions, and improvement strategies. AAEA represents a diverse network of school leaders committed to quality public education for all students. During this reporting cycle, novice LEAs in years 1-3 provided feedback on special education implementation, leadership development, and identified current challenges. This input informs data analysis, strategy development, and improvement activities designed to improve outcomes for students with disabilities.

The Meaningful Access & Participation (MAP) Project 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.

The ECSE program sought input from a diverse group of stakeholders, including families, local ECSE coordinators, EC providers, & state partners, to inform target setting, data analysis, improvement planning, & progress evaluation for Indicators 6, 7, & 12. Monthly virtual meetings with local coordinators build capacity by reviewing data trends, sharing EBPs, & identifying needs for ongoing support. The ECSE State Leadership Team, which includes representatives from state agencies, Head Start, State Pre-K, higher education, & contracted partners, provides structured input on statewide practices & system improvements. Feedback from families & community partners guides decision-making, ensures strategies are responsive to local needs, & informs revisions to processes & supports. Additionally, ECSE has increased coordination with the Part C program to strengthen shared planning, transition practices, & continuity of services, further supporting improved outcomes for young children with disabilities & their families.

The OSE's ALL IN initiative 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 1,200 responses this period. The data are shared with stakeholders, including the SEAC, & analyzed to guide decisions & advance statewide special education improvement efforts.

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 provides teams with opportunities to analyze data & develop action plans for transition programs. Cadre meetings support continued reflection on progress and needed adjustments. To build parent capacity, ATS hosts quarterly family Lunch-and-Learn sessions based on topics identified through parent surveys, offering resources & guidance to support meaningful transition planning. Stakeholder feedback is continuously considered on Secondary Transition Indicators throughout the school year.

Approximately 600 participants attended the 2025 School-Based Therapy Conference & the Arkansas Collaborative Consultants Convening, which included TA providers. During these events, Indicators 5 & 17, along with 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:

161

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.

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. A representative from TCFEF serves as the Family & Community Liaison on the SPDG Core Management Team, supporting both the SSIP & SPDG by gathering parent feedback and input on improvement strategies. During this reporting period, in alignment with SSIP improvement efforts, SPDG & TCFEF hosted in-person & virtual trainings attended by 70 parents of students with disabilities. Each participant received a resource binder designed to strengthen school-family partnerships.

In addition, TCFEF engages families through multiple platforms, including school meetings, phone calls, webinars, social media, surveys, & events, to gather ongoing feedback. This input is used by OSE, SSIP, and SPDG to refine trainings & resources, and to guide future improvement activities that drive continuous improvement & strengthen family engagement.

The SEAC provides key input on setting/revising targets, data analysis, & the development of improvement strategies through quarterly meetings in January, April, July, & October. At these meetings, feedback is solicited on SPP/APR targets, the SSIP, & related efforts. 55% of SEAC membership consists of parents of students with disabilities and/or individuals with disabilities. The council includes 10 parents, 2 advocates, and representatives from state protection and advocacy agencies, parent training and information centers, local school administrators, Title I, private schools, higher education, and relevant State agencies, including Department of Education, Juvenile Justice, Labor (Vocational Rehabilitation), Corrections, Family and Children's Services, and The Center for Exceptional Families. Council members & public participants are provided updates & asked for input on stakeholder sessions, indicators, state initiatives, & the SSIP. Access meeting agendas at <https://dese.ade.arkansas.gov/Offices/special-education/advisory-council>.

Parent input is embedded throughout ECSE's work on Indicators 6, 7, & 12. Parent members of the State Advisory Panel, staff from TCFEF, and parents participating in local & statewide advisory groups regularly provide feedback on target setting, data interpretation, & improvement strategies. Parents contribute through structured discussions during ECSE State Leadership Team meetings, targeted feedback sessions, & ongoing collaboration with local ECSE coordinators. Their perspectives help identify barriers, prioritize supports, & evaluate progress toward improved outcomes. Also, increased coordination with Part C has strengthened family voice in transition planning & system alignment efforts, ensuring decisions remain responsive to the experiences & needs of families of young children with disabilities.

ATS engaged parents in secondary transition improvement efforts for Indicators 1, 2, 13, & 14 through multiple statewide feedback activities & parent surveys. 81 parents provided input on their knowledge of transition requirements, postsecondary options, & agency services, as well as specific areas where additional support was needed. Analysis of this feedback identified priority areas, informed strategy development, & progress monitoring. Parent-identified needs guided the development of quarterly Lunch-and-Learn sessions, College Bound Arkansas supports, & parent-facing graduation & transition planning resources. This ongoing feedback loop ensures parents play an active role in shaping & evaluating secondary transition activities across the state.

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 MAP Project, 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.

Arkansas implements a coordinated system of activities to increase the capacity of diverse groups of parents to meaningfully support implementation efforts for children with disabilities. These activities span EC through postsecondary transition & reflect collaboration among the OSE, SPDG, SSIP, and OSE-funded consultant groups.

The SEAC provides a strong platform for parent involvement in developing & refining improvement strategies. Ten parent members of children with disabilities participate in quarterly meetings to offer feedback on performance indicators, the SSIP, & other statewide initiatives. This ongoing engagement integrates parent perspectives into improvement strategies while building parents' capacity to engage in informed decision-making. This collaboration deepens parents' understanding & strengthens their role as key stakeholders in improving outcomes for children with disabilities.

The SPDG, aligned with the SSIP, plays a central role in building family capacity. In partnership with TCFF, which serves as the SPDG Family & Community Liaison, parents receive ongoing training & opportunities to provide input on improvement activities. During this reporting period, SPDG & TCFF hosted in-person & virtual sessions attended by 70 parents of students with disabilities. Participants received resource binders & training focused on strengthening school-family partnerships. Parent feedback informed revisions to the training content, development of new materials, & expansion of family engagement strategies. TCFF also engages families statewide through meetings, calls, webinars, surveys, & social media to collect feedback used to refine future improvement activities.

The MAP project fosters collaboration between families & LEAs to make data-driven decisions that improve access to high-quality instruction & implementation of EBPs. Parent input from MAP schools informs strategies to improve LRE (Indicator 5) & SSIP (Indicator 17) outcomes for children with disabilities.

The OSE-funded consultant groups provide coordinated services statewide to support LEAs, educators, families & students, focusing on maximizing outcomes for children with disabilities. Using a coherence & value-creation framework, the consultants strategically support the SSIP & other Part B Indicators, implementing tiered supports for educators & families. They embed research-based practices, UDL & HLPs into the implementation activities outlined below.

****Through the CIRCUIT system, parents & LEAs may request targeted assistance. Consultants provide support & interventions for students with sensory, intellectual, or multiple disabilities; behavioral & communication needs; autism spectrum disorders; brain injuries; & other disability-related needs. This individualized TA helps families & schools understand the child's specific needs, directly improving educational outcomes for children with disabilities.**

****The BSS lead the multi-year BX3 project, which incorporates family input & engagement. The BSS also provide direct support to students, families, & LEAs through the CIRCUIT system. Their website includes a dedicated family page offering practical tools & strategies for reinforcing behavioral supports at home, helping families implement school-based strategies & promote consistency across settings to improve outcomes for children with disabilities. To learn more about the family resources, visit <https://arbss.org/familyresources/>.**

****The ESRSS collaborate with families & LEAs through CIRCUIT to address individual student needs, build parent capacity, & improve program implementation. For students with brain injuries, ESRSS meet with families before hospital discharge to coordinate supports & ensure successful reentry into school. The ESRSS also build parent knowledge in assistive technology & related services, equipping families to make informed decisions that enhance access, participation, & outcomes for children with disabilities.**

****The CAYSI program provides specialized assistance to parents of children who are deaf-blind or at risk for deaf-blindness. Through home visits, family groups, PD sessions, & accessible resources, CAYSI strengthens parents' ability to support communication, learning, & access in educational & community settings to improve outcomes for children with disabilities.**

****The AEM consultant supports families by providing video demonstrations & training on current & emerging accessibility tools & technology. These resources enable parents to actively participate in implementing strategies that ensure students' learning materials are usable & accessible to meet the child's individual needs.**

****The ATS builds parent capacity to support successful post-school outcomes through ongoing training, resources, & family engagement events. ATS hosts sessions such as transition fairs, Communicating Interagency Relationships and Collaborative Linkages for Exceptional Students (CIRCLES) meetings, College Bound Arkansas, and quarterly Lunch-and-Learn events. Parents receive guidance on graduation, transition requirements, agency services, & postsecondary options, as well as practical tools like the IEP Meeting Question Guide. These efforts strengthen families' ability to interpret data, engage in planning, & advocate effectively for their child's transition needs for successful post-school outcomes.**

****EARS offers free sign language classes for families of students who are deaf or hard of hearing (D/HH) & provides individualized support on assistive hearing technology, communication, & academics through a tiered service system. The program also offers TA at community events, distributes quarterly newsletters featuring educational updates & success stories, & connects families with state programs & literacy strategies through the Deaf Educational Services Specialist. Based on parent feedback, the Deaf Education Services Specialist created a series of ASL videos to help families learn & practice sign language at home, enhancing their ability to communicate with their child & actively support their education. Learn more about Deaf Education Services: <https://www.ardeafed.org/families>.**

****The ESVI program provides consultation & training to families on the use of low vision devices, large-print or Braille materials, mobility supports, & assistive technologies. ESVI staff collaborate with families & educators to strengthen communication & ensure that instructional strategies are responsive to each child's visual & learning needs. By building parent capacity to understand & support their child's use of specialized tools & services, ESVI empowers families to actively participate in educational planning & implementation, ultimately improving access, engagement, & outcomes for children with disabilities.**

****The ECSE ??program collaborates with parent workgroups to co-develop improvement activities for Indicators 6, 7, & 12. Parent feedback informed the BASIC project, resulting in family-friendly resources embedded within professional development modules. These materials provide parents with**

accessible information & strategies that can be used at home & in community settings to reinforce EBPs & strengthen early learning outcomes for children with disabilities. To learn more, visit: <https://sites.google.com/view/apyramid?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 mechanisms described in the Broad Stakeholder Input section, the OSE employs multiple strategies to ensure meaningful & timely opportunities for public input in setting SPP/APR targets, analyzing data, developing improvement strategies, & evaluating progress.

To establish the State Performance Plan/Annual Performance Report (SPP/APR) targets, the OSE convened a core stakeholder group and engaged the Special Education Advisory Council (SEAC), statewide conferences, and family-centered sessions led by The Center for Exceptional Families (TCFEF), the Parent Training and Information (PTI) Center. Public input was solicited through invitations distributed in early March 2021, with sessions held April through January 2022. Meetings included both in-person and virtual formats where participants reviewed data, engaged in facilitated breakout discussions, and provided feedback through written forms and surveys. Notetakers documented input to ensure that diverse stakeholder perspectives informed target setting and improvement planning.

The SEAC provides key input on setting/revising targets, data analysis, & the development of improvement strategies through quarterly meetings in January, April, July, & October. At these meetings, feedback is solicited on SPP/APR targets, the SSIP, & related efforts. 55% of SEAC membership consists of parents of students with disabilities and/or individuals with disabilities. The council includes 10 parents, 2 advocates, and representatives from state protection and advocacy agencies, parent training and information centers, local school administrators, Title I, private schools, higher education, and relevant State agencies, including Department of Education, Juvenile Justice, Labor (Vocational Rehabilitation), Corrections, Family and Children's Services, and The Center for Exceptional Families. 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 focus 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. Access meeting agendas at <https://dese.ade.arkansas.gov/Offices/special-education/advisory-council>.

To expand public engagement, the OSE invites stakeholders to participate through direct email invitations, LEA listservs, newsletters, Commissioner's Memos, and postings on the DESE website and event calendar. Feedback is collected through meeting notes, recordings, surveys, and topic-specific feedback forms, ensuring that all interested parties can contribute to data analysis, target revisions, and improvement strategies.

The OSE engages the Arkansas Association of Educational Administrators (AAEA) Special Education Administrators group to obtain input on SPP/APR targets, revisions, and improvement strategies. AAEA represents a diverse network of school leaders committed to quality public education for all students. During this reporting cycle, novice LEAs in years 1-3 provided feedback on special education implementation, leadership development, and identified current challenges through surveys & virtual & in-person meetings. The partnership with AAEA ensures that school leaders' perspectives, especially on special education & leadership development, are integrated into the revisions of performance targets, data analysis, strategy development, & improvement activities designed to improve outcomes for students with disabilities.

In the 2024-2025 school year, the OSE solicited stakeholder input & feedback through various opportunities, including the monthly LEA meetings, OSE-funded consultant groups monthly meetings, annual ACC Fall Convening, Arkansas School-based Therapy Conference, annual DESE Summit, monthly OSE meetings, cross-agency content meetings, & statewide trainings such as the MAP project, 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.

ECSE program participates in statewide public input processes to set targets, analyze data, develop improvement strategies, & evaluate progress for Part B. Public input is solicited through State Advisory Panel meetings, posted public comment periods, parent workgroups, stakeholder focus groups, & presentations to statewide advisory bodies. ECSE ensures that early childhood data & priorities are represented in these forums and that feedback is incorporated into revisions to targets and improvement activities. As part of a unified Part B system, ECSE aligns timelines & engagement activities with state-level processes to ensure a coordinated approach across birth-to-school-age services.

ATS solicits public input and feedback from LEAs, transition teams, families, & students on Indicators 1, 2, 13, and 14 through multiple statewide & regional engagement opportunities held throughout the year. Stakeholder input is gathered during the annual Transition Services Summit, where teams review data & develop or revise action plans. Cadre meetings provide additional opportunities to reflect on progress & identify needed adjustments. Stakeholder input is also collected through family surveys & parent-focused sessions, with feedback incorporated into target setting, improvement strategies, & ongoing evaluation of transition outcomes.

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 2023 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 2023 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 2023 APR in 2025, is available.

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

Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2023 SPP/APR

Building on its long-standing engagement with national TA centers, the Arkansas Department of Education, Office of Special Education (OSE) accessed targeted technical assistance in response to OSEP's 2025 determination and implemented corresponding improvement actions. Throughout the past year, the OSE routinely engaged with OSEP-funded TA Centers, including the Center for IDEA Fiscal Reporting (CIFR), the Data Center for Addressing Significant Disproportionality (DCASD), the National Technical Assistance Center on Transition: The Collaborative (NTACT:C), the IDEA Data Center (IDC), and the Rhonda Weiss Center. OSE staff participated in all scheduled Peer-to-Peer calls, including the CIFR and IDC collaborative workgroups focused on the transition of Dispute Resolution and MOE/CEIS/CCEIS data from EMAPS to the EDPass interactive institute, as well as NCSI's General Supervision calls.

To address the 'Needs Assistance' determination, the State strategically focused its technical assistance efforts on three primary areas: Fiscal Oversight, General Supervision and Monitoring Capacity, and Secondary Transition Outcomes (Indicators 1, 2, 13, & 14). The actions below are the results of these targeted efforts.

Fiscal Oversight:

As a direct result of CIFR's assistance, the OSE strengthened its IDEA fiscal systems and internal controls. Specific actions taken include formalizing and implementing IDEA Part B reallocation procedures, codifying new CCEIS set-aside calculation procedures, and revising guidance to LEAs to improve clarity and consistency regarding Maintenance of Effort exceptions and the period of availability for CCEIS funds.

Data Systems and Compliance:

Through engagement with DCASD via regular spring 2025 calls, the OSE revised its internal processes to address significant disproportionality. The State integrated DCASD's root cause analysis resources into the annual Disproportionality Institute and updated the self-assessment tool and definitions used by selected districts for their required PPP review.

In fall 2025, the OSE IDEA Data and Research team utilized IDC and CIFR training and Excel file creation tools to successfully generate and validate the four Dispute Resolution and eight MOE/CEIS/CCEIS data files required for the system conversion from EMAPS to EDPass.

The OSE partnered with the Rhonda Weiss Center to address accessibility. The State executed a Data Sharing Agreement to implement the Accessible Data Analysis and Publishing Tool (ADAPT). This assistance resulted in the launch of a fully accessible public reporting site (<https://ose-adapt-viewer.ade.arkansas.gov/>) to display 618 data in fall 2025 and a presentation to the OSE Advisory Board January 2026, improving data equity for people with disabilities.

Transition and Post-School Outcomes:

Specific to Indicators 13 and 14, ongoing technical assistance from NTACT:C supported the OSE in strengthening secondary transition systems. This led to the formalization of a State Core Team involving Vocational Rehabilitation, Higher Education, and CTE. This collaboration prioritized needs and formalized interagency roles for improving post-school outcomes (Indicator 14). The OSE also expanded district participation in projects like the Self-Determined Learning Model of Instruction (SDLMI) and CIRCLES.

General Supervision and Capacity:

The OSE partnered with CADRE to strengthen dispute prevention and resolution practices. By accessing CADRE's evidence-based guidance, state-specific coaching, and high-quality training modules, the OSE implemented consistent, collaborative approaches that build trust between families and schools, thereby supporting improved procedural compliance and reducing conflict across the state.

To ensure sustained legal capacity, the OSE maintains subscriptions to key publications, including Special Education Law and Special Education Connections, to stay abreast of current case law and strengthen efficacy in technical assistance provided to LEAs. This ongoing learning is augmented by the LRP National Institute, an immersive professional development opportunity where OSE staff gain firsthand access to recent case law and advanced legal interpretations. As a result of this concerted effort, the OSE has updated key State guidance documents and monitoring protocols based on new policy shifts and case law, significantly increasing statewide leadership capacity to deliver proactive compliance strategies.

The OSE consulted with the IDC on data analysis and target setting methodology. Preparatory work began in April 2025 and culminated in concise feedback at the July OSE Advisory Board meeting. This assistance resulted in the development and implementation of a revised, data-driven methodology for presenting targets to the OSE Advisory Board, ensuring rigorous, stakeholder-informed targets for the SPP/APR.

Technical assistance from the IDC SSIP Data Quality Peer Group and NCSI enabled the OSE to refine its SSIP Theory of Action, logic model, and evaluation plan. This assistance directly strengthened the State's capacity to align professional learning (SDI) with evidence-based practices and improve data quality for Indicator 17.

Intro - OSEP Response

The State's determinations for both 2024 and 2025 were Needs Assistance. Pursuant to Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 20, 2025 determination letter informed the State that it must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Intro - Required Actions

The State's IDEA Part B determination for both 2025 and 2026 is Needs Assistance. In the State's 2026 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2025 SPP/APR submission, due February 1, 2027, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

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 2024 SPP/APR, use data from 2023-2024), 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	2019	2020	2021	2022	2023
Target >=	86.72%	88.00%	88.00%	88.00%	88.00%
Data	82.58%	90.86%	89.76%	88.97%	89.95%

Targets

FFY	2024	2025
Target >=	88.00%	88.00%

Targets: Description of Stakeholder Input

The State engaged key stakeholders, including the Arkansas Advisory Council for the Education of Children with Disabilities, local district superintendents and administrators, transition specialists, and parent representatives, in multiple data review and target-setting sessions from April through October 2021.

Due to the data volatility observed in graduation rates during the COVID-19 pandemic (SY 2019-20 and onward), stakeholders recommended selecting a stable, pre-pandemic baseline that reflected historic system capacity. The 2017-18 618 exiting data (87.56%) was selected for the baseline year as it provided the most reliable measure for comparison. The State presented various forecasting models, including standard deviation, moving average, and annual percentage point change. Through collaborative discussion, the final decision was reached by consensus to set a consistent flat rate target of 88.00% for all future FFYs. The 88.00% target was deemed ambitious yet achievable because it exceeds the State's prior FFY 2018-2019 performance and provides a clear, measurable benchmark for continuous improvement in regular diploma attainment across all districts.

Alternate Diploma Review:

Stakeholders reviewed the emergence of the State's first cohorts graduating with a state-defined alternate diploma (21 students in SY 2022-23; 56 in SY 2023-24). It was concluded that while this cohort is included in the denominator, the current target remains sufficiently rigorous to drive the primary goal of increasing regular diploma attainment. Based on this stakeholder feedback and the alignment with current system capacity, the State has determined that no modifications to the existing targets are necessary at this time.

FFY 2024 Annual Data Review:

In October 2025, the Arkansas Advisory Council for the Education of Children with Disabilities reconvened to review the final SY 2023-24 graduation data. The State presented the performance of 89.57% against the 88.00% target. Stakeholders discussed the slight decrease in performance compared to the previous year and the continued impact of the alternate diploma cohort. Following this review, stakeholders reached a consensus that the current targets remain appropriate and provide a rigorous benchmark for district performance.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,728
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	56
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	87
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	8
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	283

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,728	4,162	89.95%	88.00%	89.57%	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; Algebra II or Quantitative Reasoning; 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

**ADE approved US History; ADE approved World History; ADE approved Civics; ADE approved Economics with 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 minimum of 75 clock hours of documented community service in grades 9-12, requirement begins with 2027 graduates. - A.C.A. § 6-16-1901

** Students must earn one credit of ADE-Approved Computer Science or computer-science related career and technical education course. - A.C.A. § 6-16-152

** 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 2024 SPP/APR, use data from 2023-2024), 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	2019	2020	2021	2022	2023
Target <=	1.82%	10.00%	10.00%	10.00%	10.00%
Data	1.65%	7.28%	8.47%	9.38%	7.72%

Targets

FFY	2024	2025
Target <=	10.00%	10.00%

Targets: Description of Stakeholder Input

The State engaged key stakeholders from April through October 2021, including the Arkansas Advisory Council for the Education of Children with Disabilities, local district administrators, transition specialists, and parent representatives, in targeted review sessions to determine an ambitious yet achievable dropout target. Stakeholders concurred on aligning the dropout baseline year with the Indicator 1 baseline to ensure consistent data analysis and comparability across major exiting indicators. The 2017-18 618 exiting data was selected as the baseline year.

The team analyzed various projection models, including standard deviation, annual percentage-point change, and moving average, but ultimately selected a flat-rate target of 10.00% for all future FFYs. This rate was chosen because it represents the maximum acceptable ceiling for the dropout rate, providing a rigorous threshold against the historical baseline (10.69%) while recognizing the imperative to prevent slippage. The target reflects the State's commitment to continuous improvement, with the goal of maintaining the actual dropout rate significantly below the 10.00% ceiling.

FFY 2024 Performance Review:

In October 2025, the State presented the SY 2023-24 dropout data to the Arkansas Advisory Council and transition stakeholders. The group reviewed the performance result of 6.80%, noting it was well below the 10.00% target and showed improvement from the previous year (7.72%). Stakeholders reached a consensus that the 10.00% ceiling remains a rigorous and appropriate benchmark for maintaining low dropout rates across the state's diverse districts.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (ED Facts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,728

Source	Date	Description	Data
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	56
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	87
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	8
SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85)	03/05/2025	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	283

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
283	4,162	7.72%	10.00%	6.80%	Met target	No Slippage

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

In Arkansas, a student is formally classified as having dropped out when there is a cessation of enrollment. Specifically, dropout status is assigned when the student's previous school district lacks official documentation confirming transfer to another educational program, whether within the State, out of State, or to a private school. Additionally, students are considered dropouts if they accumulate more than ten consecutive school days of unexcused absence without official withdrawal notification, or if they leave school prior to meeting graduation requirements to pursue a high school equivalency credential, such as the General Educational Development (GED) test. This comprehensive definition ensures accurate and consistent identification of exiting students for federal reporting purposes.

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 *EDFacts* 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 C.F.R. §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	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%

Targets: Description of Stakeholder Input

The Arkansas Department of Education, Office of Special Education (DESE-OSE), engaged key stakeholders—including the Arkansas Advisory Council for the Education of Children with Disabilities, LEA Special Education Supervisors, and the Arkansas Parent Training and Information (PTI) Center—to review and establish assessment targets.

Affirmation of Targets

During the virtual and in-person stakeholder meetings held in July 2021 for initial target setting, and reaffirmed during the July 2025 Advisory Board meeting, stakeholders agreed to maintain the 95% participation requirement of the Elementary and Secondary Education Act (ESEA) for all grade levels (4, 8, and High School) and subject matters (Reading and Math) through the remaining years of the SPP. Stakeholders emphasized that a rigorous participation target is essential for ensuring that the performance data for children with disabilities is representative and actionable.

Technical Update and Data Delay (FFY 2024)

A technical update was provided to the Advisory Board during the January 2026 meeting. During this session, the following were discussed:

- * The Council discussed the impact of the 1% cap on alternate assessments and potential longitudinal trends in participation.
- * Stakeholders were informed of a technical delay in uploading the SY 2024-25 assessment data to EDPass. Due to a delay within the Arkansas Department of Education Office of Information Technology (OIT) in uploading the finalized data set to EDPass by the January 7, 2026, deadline, the finalized participation results are planned for review with stakeholders during the April 2026 OSE Advisory Board meeting.
- * A full review of the FFY 2024 participation results, including the comparison against the 95% targets, is scheduled for the April 2026 Advisory Board meeting. This review highlights the results that Arkansas successfully met the 95% participation target for all grade levels in both Reading and Math for FFY 2024.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Assessment Participation in Reading/Language Arts (EDFacts file spec FS188; Data Group: 882, 883)

Date:

01/07/2026

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	5,813	4,889	9,690
b. Children with IEPs in regular assessment with no accommodations (3)	5,042	4,340	8,738
c. Children with IEPs in regular assessment with accommodations (3)	360	142	160
d. Children with IEPs in alternate assessment against alternate standards	370	338	613

Data Source:

SY 2024-25 Assessment Participation in Mathematics (EDFacts file spec FS185; Data Group: 880, 881)

Date:

01/07/2026

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	5,812	4,889	9,757
b. Children with IEPs in regular assessment with no accommodations (3)	5,305	4,421	8,904
c. Children with IEPs in regular assessment with accommodations (3)	100	73	67
d. Children with IEPs in alternate assessment against alternate standards	369	338	612

(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 2024 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	5,772	5,813	99.35%	95.00%	99.29%	Met target	No Slippage
B	Grade 8	4,820	4,889	98.08%	95.00%	98.59%	Met target	No Slippage
C	Grade HS	9,511	9,690	97.62%	95.00%	98.15%	Met target	No Slippage

FFY 2024 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	5,774	5,812	99.40%	95.00%	99.35%	Met target	No Slippage
B	Grade 8	4,832	4,889	98.31%	95.00%	98.83%	Met target	No Slippage
C	Grade HS	9,583	9,757	98.35%	95.00%	98.22%	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/search>

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

https://arksped.ade.arkansas.gov/documents/data_n_research/PublicReporting/AS25_AR_participation.pdf

https://arksped.ade.arkansas.gov/documents/data_n_research/PublicReporting/PublicReporting-Assessment_2024-25.pdf

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response
3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs Against 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 *EDFacts* 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	2024	2025
Reading	A >=	Grade 4	7.59%	7.81%
Reading	B >=	Grade 8	5.55%	5.83%
Reading	C >=	Grade HS	4.14%	4.29%
Math	A >=	Grade 4	15.57%	15.91%
Math	B >=	Grade 8	4.69%	4.98%
Math	C >=	Grade HS	3.08%	3.21%

Targets: Description of Stakeholder Input

The Arkansas Department of Education, Office of Special Education (DESE-OSE), maintains a consistent stakeholder engagement process through the Arkansas Advisory Council for the Education of Children with Disabilities. During the initial target-setting cycle, stakeholders established the baseline using SY 2020-21 data and recommended increasing targets for each grade and subject by one standard deviation by FFY 2025.

Stakeholders were informed of the implementation of a new statewide regular assessment beginning in the 2023-24 school year. At the July 2025 Advisory Council meeting, the Council reviewed the initial year of data and recommended maintaining current targets and baselines for the time being. The Council specifically suggested that the SEA examine two full years of data from the new assessment system to determine if the baseline remains valid or if revisions are necessary.

Technical Update and Postponed Data Review (FFY 2024):

While the Advisory Council met in January 2026, a comprehensive discussion of the FFY 2024 (SY 2024-25) assessment results—including proficiency trends and the impact of the 1% cap—was postponed due to the following technical constraints:

* A delay within the Arkansas Department of Education Office of Information Technology (OIT) in uploading the SY 2024-25 data to EDPass by the January 7, 2026, deadline resulted in a delay in the SEA receiving the finalized, disaggregated data set.

* A full review of the FFY 2024 results, the two-year assessment trend analysis, and a discussion on potential target adjustments are now formally scheduled for the April 2026 Advisory Board meeting to obtain their feedback and reflections.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

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	5,402	4,482	8,898
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	546	173	342
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	14	1	5

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	5,405	4,494	8,971
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	772	357	319
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	7	10	3

(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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	560	5,402	9.14%	7.59%	10.37%	Met target	No Slippage
B	Grade 8	174	4,482	3.20%	5.55%	3.88%	Did not meet target	No Slippage
C	Grade HS	347	8,898	3.72%	4.14%	3.90%	Did not meet target	No Slippage

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	779	5,405	11.87%	15.57%	14.41%	Did not meet target	No Slippage
B	Grade 8	367	4,494	7.42%	4.69%	8.17%	Met target	No Slippage
C	Grade HS	322	8,971	2.78%	3.08%	3.59%	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/search> and <https://dese.ade.arkansas.gov/Offices/special-education/data-research/public-reporting>

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

Indicator 3C: Proficiency for Children with IEPs Against 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 *EDFacts* 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	2024	2025
Reading	A >=	Grade 4	38.91%	40.99%
Reading	B >=	Grade 8	24.13%	26.22%
Reading	C >=	Grade HS	22.60%	24.69%
Math	A >=	Grade 4	25.20%	28.62%
Math	B >=	Grade 8	29.08%	33.33%
Math	C >=	Grade HS	31.26%	35.28%

Targets: Description of Stakeholder Input

The Arkansas Department of Education, Office of Special Education (DESE-OSE), maintains a sustained stakeholder engagement process with the Arkansas Advisory Council for the Education of Children with Disabilities and LEA administrators to review proficiency targets for students in alternate assessments.

Baseline data was established using the 2020-21 school year. Stakeholders recommended increasing targets by increments of a standard deviation to ensure rigorous growth:

* Mathematics: Targets for all grades (4, 8, and HS) increase by 1/3 of a standard deviation by FFY 2025.

* Reading/Language Arts: Grade 4 targets increase by a full standard deviation; Grade 8 by 1/2; and High School by 1/4.

During the July 2025 Advisory Board meeting, stakeholders reviewed current progress and reaffirmed that these targets remain appropriate and sufficiently rigorous.

Alternate Assessment Participation Trends (1% Cap)

With stakeholder input, Arkansas revised its criteria for alternate assessment participation in 2020-2021. The State continues to monitor the impact of these criteria; over the past five years, the percentage of students participating in the alternate assessment has consistently fallen below the 1% ESSA requirement. This downward trend in participation was reviewed during the January 2026 OSE Advisory Board meeting to ensure only students with the most significant cognitive disabilities are being assessed against alternate standards.

Technical Update and Postponed Data Review (FFY 2024)

A comprehensive discussion of the FFY 2024 results was originally scheduled for the January 2026 Advisory Council meeting but was postponed due to the following:

- * A delay within the Arkansas Department of Education Office of Information Technology (OIT) in uploading SY 2024-25 data to EDPass by the January 7, 2026, deadline prevented the review of the finalized, disaggregated data set.

- * Consequently, the Council could not yet evaluate the "Did Not Meet" statuses or the slippage observed in Grade 4 Reading and High School Math.

- * A formal review of the results—including an analysis of the Dynamic Learning Maps (DLM) instructionally embedded system and the impact of teacher turnover on assessment fidelity—is scheduled for the April 2026 Advisory Board meeting. While preliminary data indicates targets were not met in the six categories for 3C, the State is actively addressing implementation concerns through targeted training. These factors, alongside the final data results, remain the primary focus of the scheduled April 2026 stakeholder session.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

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	370	338	613
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	136	77	67

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	369	338	612
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	57	47	114

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	136	370	39.44%	38.91%	36.76%	Did not meet target	Slippage
B	Grade 8	77	338	21.85%	24.13%	22.78%	Did not meet target	No Slippage
C	Grade HS	67	613	8.60%	22.60%	10.93%	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

The observed slippage in Indicator 3C for grade 4 reading appears to be influenced by several interconnected implementation factors rather than a single cause.

First, there are ongoing challenges with consistent administration of the alternate assessment. The Dynamic Learning Maps (DLM) assessment is designed to be instructionally embedded and administered across the full testing window to allow students multiple opportunities to demonstrate skills within authentic instructional contexts. However, monitoring and technical assistance have identified instances in which assessments were completed too quickly or condensed into a short timeframe. When assessments are not administered as designed, student performance may not accurately reflect their knowledge and skills, which can negatively impact achievement outcomes.

Second, teacher turnover and variability in training continue to be contributing factors. New or less-experienced staff may not yet have a full understanding of the instructional intent of the DLM assessment or of best practices for pacing, engagement, and ongoing data collection throughout the window. While required training is provided, inconsistent implementation suggests a need for continued reinforcement, coaching, and follow-up support.

Finally, continued collaboration between Special Education and the Assessment Office plays an important role in supporting consistent messaging and implementation. Strengthening cross-office collaboration can promote aligned guidance, more consistent monitoring, and a shared emphasis on assessment as an integrated part of instruction.

The state is addressing these concerns through targeted training, enhanced communication with districts, and increased emphasis on instructional fidelity and assessment pacing to improve future outcomes in Indicator 3C.

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	57	369	15.92%	25.20%	15.45%	Did not meet target	No Slippage
B	Grade 8	47	338	10.85%	29.08%	13.91%	Did not meet target	No Slippage
C	Grade HS	114	612	21.27%	31.26%	18.63%	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

Similar to grade 4 reading, the observed slippage in Indicator 3C for high school math appears to be influenced by several interconnected implementation factors rather than a single cause.

First, there are ongoing challenges with consistent administration of the alternate assessment. The Dynamic Learning Maps (DLM) assessment is designed to be instructionally embedded and administered across the full testing window to allow students multiple opportunities to demonstrate skills within authentic instructional contexts. However, monitoring and technical assistance have identified instances in which assessments were completed too quickly or condensed into a short timeframe. When assessments are not administered as designed, student performance may not accurately reflect their knowledge and skills, which can negatively impact achievement outcomes.

Second, teacher turnover and variability in training continue to be contributing factors. New or less-experienced staff may not yet have a full understanding that the DLM assessment is not a traditional test by an instructionally embedded system intended to integrate assessment with teaching, pacing, engagement, and ongoing data collection throughout the window. While required training is provided, inconsistent implementation suggests a need for continued reinforcement, coaching, and follow-up support.

Finally, continued collaboration between Special Education and the Assessment Office plays an important role in supporting consistent messaging and implementation. Strengthening cross-office collaboration can promote aligned guidance, more consistent monitoring, and a shared emphasis on assessment as an integrated part of instruction.

The state is addressing these concerns through targeted training, enhanced communication with districts, and increased emphasis on instructional fidelity and assessment pacing to improve future outcomes in Indicator 3C.

In addition to implementation factors, differences in performance trends for high school may also be influenced by policy decisions and course enrollment patterns that affect which students are included in testing each year.

For example, a recent policy change removed 9th grade science from the Dynamic Learning Maps (DLM) assessment. This adjustment aligned DLM-tested science grades with those assessed through ATLAS, creating a more appropriate and realistic comparison for purposes of the 1% threshold calculation. While this alignment improves long-term validity, it can result in year-to-year fluctuations in reported outcomes in other areas, such as math.

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/search> 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 For Children with IEPs and All Students Against 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 *EDFacts* 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 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 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 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 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	2024	2025
Reading	A <=	Grade 4	33.24	32.74
Reading	B <=	Grade 8	40.55	40.00
Reading	C <=	Grade HS	34.79	34.12
Math	A <=	Grade 4	31.79	31.28
Math	B <=	Grade 8	34.72	33.37
Math	C <=	Grade HS	26.38	25.91

Targets: Description of Stakeholder Input

The Arkansas Department of Education, Office of Special Education (DESE-OSE), continues to engage the Arkansas OSE Advisory Board and LEA administrators to monitor and establish targets for the proficiency gap between students with IEPs and all students.

Baseline data was established using the 2020-21 school year. Stakeholders originally recommended increasing targets by one full standard deviation by FFY 2025. These standard deviations were calculated for each grade and subject using historical data and were proportionately applied to establish year-to-year increases from the baseline. During the July 2025 OSE Advisory Board meeting, stakeholders reviewed the longitudinal gap data. The Council reaffirmed that these targets remain appropriate and provide the necessary rigor to measure the narrowing of the achievement gap.

Stakeholders remain engaged regarding the transition to a new statewide regular assessment implemented in the 2023-24 school year. Following a discussion of results at the January 2025 OSE Advisory Board meeting, the Council recommended leaving the current targets and baseline unchanged. The Council suggested that the OSE examine two years of data on the new assessment to determine if a future baseline and target adjustment is warranted.

A comprehensive review of the FFY 2024 (SY 2024-25) gap analysis results was scheduled for the January 2026 OSE Advisory Board meeting but was postponed due to the following technical constraints:

* A delay within the Arkansas Department of Education Office of Information Technology (OIT) in uploading the SY 2024-25 assessment data to EDPass by the January 7, 2026, deadline resulted in the SEA not receiving the finalized, disaggregated data set in time for the January 2026 Advisory Board meeting.

* Due to this delay, stakeholders could not evaluate the current gap trends or the impact of the second year of the new assessment on the established targets during the January session.

* A formal review of the FFY 2024 gap results—including an analysis of the proficiency gap across Grade 4, Grade 8, and High School for both Reading and Math—is scheduled for the April 2026 OSE Advisory Board meeting. These finalized results, that Arkansas successfully met the targets for all six categories (Grade 4, Grade 8, and High School for both reading and Math) in 3D for FFY 2024, along with an analysis of the narrowing gaps, remain the primary focus of the scheduled April 2026 stakeholder session.

FFY 2024 Data Disaggregation from EDFacts

Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

Date:

01/07/2026

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	35,257	35,916	74,596
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,402	4,482	8,898
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	13,805	11,863	24,284
d. All students in regular assessment with accommodations scored at or above proficient against grade level	16	1	6
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	546	173	342
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	14	1	5

Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

Date:

01/07/2026

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	35,280	35,956	66,599
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,405	4,494	8,971
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	15,197	14,421	13,653
d. All students in regular assessment with accommodations scored at or above proficient against grade level	8	10	3

e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	772	357	319
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	7	10	3

(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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	10.37%	39.20%	26.87	33.24	28.83	Met target	No Slippage
B	Grade 8	3.88%	33.03%	28.84	40.55	29.15	Met target	No Slippage
C	Grade HS	3.90%	32.56%	28.25	34.79	28.66	Met target	No Slippage

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A	Grade 4	14.41%	43.10%	27.48	31.79	28.69	Met target	No Slippage
B	Grade 8	8.17%	40.14%	29.39	34.72	31.97	Met target	No Slippage
C	Grade HS	3.59%	20.50%	15.72	26.38	16.92	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 = $\left[\left(\frac{\text{LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs}}{\text{LEAs in the State that meet the State-established n and/or cell size (if applicable)}} \right) \right] \times 100$.

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 2024 SPP/APR, use data from 2023-2024), 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 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 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 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 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 24, 2023.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target <=	29.50%	29.80%	29.50%	29.20%	28.90%
Data	29.51%	10.53%		29.63%	27.78%

Targets

FFY	2024	2025
Target <=	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 that identifying an LEA as having a significant discrepancy in discipline for having 1 or 2 SWD exceeding 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 were 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 2024 Maintenance and Monitoring Review:

In July and October 2025, the Arkansas Special Education Advisory Panel reviewed the established targets for the current reporting cycle. During these sessions, the State presented the monitoring process, emphasizing the use of the 90-day pre-finding correction window.

Stakeholders affirmed that the 1.36 percentage point threshold remains a rigorous and appropriate benchmark for identifying potential systemic issues. The panel's consensus was to maintain the current trajectory of the 0.3 percentage point annual target reduction, as it continues to drive local improvement.

Because the State's general supervision procedures allow for a 90-day verification window to correct noncompliance prior to the issuance of a formal finding, the State works directly with identified LEAs throughout the school year. Consequently, the finalized data—including verification of child-specific correction—will be presented to the Advisory Panel during the April 2026 meeting. This allows stakeholders to review the effectiveness of the State's General Supervision system and the final impact on local disciplinary practices.

FFY 2024 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 general 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 a 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.

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.

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Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell-size	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
17	42	27.78%	28.60%	40.48%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The slippage from 27.78% to 40.48% is primarily attributed to stabilization of discipline data reporting and a return to pre-pandemic disciplinary practices across the state, and to year-to-year variation in the number of LEAs meeting the State's minimum cell size and identified with a significant discrepancy.

While more LEAs (17) met the state's definition of "significant discrepancy" in FFY 2024 than in the previous year, the state's rigorous review of policies, procedures, and practices found that the majority of these LEAs (13 of 17) remained in compliance with IDEA Part B requirements. The State has issued CAPs to the 4 LEAs where noncompliance was identified to ensure systemic correction.

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 comprises LEAs that, in addition to meeting the denominator, have a percentage-point difference greater than 1.36 between the special education rate and the non-disabled peers (general education) rate with more than 10 days of OSS/Expulsion.

However, the difference between the special education rate and the 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 determine whether 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 who meet 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 the child count for the denominator, establishes the special education discipline rate. These datasets allow for the comparative.

Provide additional information about this indicator (optional)

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 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.

17 districts were required to complete a review of policies, procedures, and practices. An LEA self-assessment tool was used to review 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 17 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 13 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). The State DID identify four districts with non-compliance as a result of the review. The districts were issued a letter of finding and a Corrective Action Plan. They completed all required actions and received a close-out letter.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

District reviewed Policy, Procedure, and Practices (PPP) and identified policies that led to disproportionality and immediately took steps to correct and publicly report on their procedures.

Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

To verify that the LEA is correctly implementing the regulatory requirements, the DESE-OSE Monitoring and Program Effectiveness section conducts a rigorous review during the 90-day verification period. This process ensures the source of noncompliance is remediated through the following actions:

1. The State performs a desk audit of the LEA's revised discipline policies and procedures. DESE-OSE provides specific feedback to ensure all language aligns with IDEA Part B requirements, specifically regarding Manifestation Determination Reviews (MDR) and Functional Behavioral Assessments (FBA).

2. The State verifies that the corrected procedures are not merely on paper but are active in the district by requiring:

** Evidence of staff training (e.g., agendas and signed participant lists) showing that relevant personnel understand the new procedures.

** Verification that revised procedures are publicly posted on the district website.

3. Before clearing the pre-finding noncompliance, the State reviews subsequent disciplinary data or student folders to ensure the new practices are being applied correctly in real-time.

For verification of individual case correction for Indicator 4A, Arkansas identifies noncompliance based on systemic policies, procedures, and practices (LEA-level findings) rather than isolated student-specific errors.

1. Consistent with C-7 of OSEP Memorandum 23-01 (General Supervision Guidance), if the finding is systemic in nature, individual child-specific correction is often not applicable.

2. However, during the desk audit of the Self-Assessment, if a specific student record is found to have a procedural error (e.g., an MDR was missed), the State verifies that the LEA has since reconvened the team to address that specific student's needs and procedural rights. This is verified through a review of the meeting minutes and updated IEP documentation before the State concludes that the LEA has corrected the individual instance of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY Required Actions

None

4A - OSEP Response

4A - Required Actions

The State must report, in the FFY 2025 SPP/APR, on the correction of noncompliance that the State identified in FFY 2024 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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 2024 SPP/APR, use data from 2023-2024), 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 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 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 2023-2024 (which can be found in the FFY 2023 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 24, 2023.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.38%	0.00%		0.38%	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 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

- an LEA has a Special Education Child Count of more than 40 students
- 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 this event is rare at this time, 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 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 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.

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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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4	0	251	0.00%	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 non-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 2024 using 2023-2024 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 four districts in 2023-24 as having a Significant Discrepancy by Race/Ethnicity. In the Spring of 2025, they completed a self-assessment of policies, procedures, and practices related to disciplinary actions. The State reviewed each LEA's self-assessment of 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 <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 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 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

To verify that the LEA is correctly implementing the regulatory requirements, the DESE-OSE Monitoring and Program Effectiveness section conducts a rigorous review during the 90-day verification period. This process ensures the source of noncompliance is remediated through the following actions:

1. The State performs a desk audit of the LEA's revised discipline policies and procedures. DESE-OSE provides specific feedback to ensure all language aligns with IDEA Part B requirements, specifically regarding Manifestation Determination Reviews (MDR) and Functional Behavioral Assessments (FBA).
2. The State verifies that the corrected procedures are not merely on paper but are active in the district by requiring:
 - ** Evidence of staff training (e.g., agendas and signed participant lists) showing that relevant personnel understand the new procedures.
 - ** Verification that revised procedures are publicly posted on the district website.
3. Before clearing the pre-finding noncompliance, the State reviews subsequent disciplinary data or student folders to ensure the new practices are being applied correctly in real-time.

For verification of individual case correction for Indicator 4A, Arkansas identifies noncompliance based on systemic policies, procedures, and practices (LEA-level findings) rather than isolated student-specific errors.

1. Consistent with C-7 of OSEP Memorandum 23-01 (General Supervision Guidance), if the finding is systemic in nature, individual child-specific correction is often not applicable.
2. However, during the desk audit of the Self-Assessment, if a specific student record is found to have a procedural error (e.g., an MDR was missed), the State verifies that the LEA has since reconvened the team to address that specific student's needs and procedural rights. This is verified through a review of the meeting minutes and updated IEP documentation before the State concludes that the LEA has corrected the individual instance of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY Required Actions

None

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 = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80\% or more of the day)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.
- B. Percent = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40\% of the day)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{(\# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements)}}{\text{(total \# of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)}} \right] \times 100$.

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	2019	2020	2021	2022	2023
A	2019	Target >=	56.94%	57.32%	57.70%	58.07%	58.45%
A	56.94%	Data	56.94%	58.83%	59.81%	65.54%	71.32%
B	2019	Target <=	12.18%	12.08%	11.98%	11.88%	11.78%
B	12.18%	Data	12.18%	11.66%	11.56%	10.74%	10.16%
C	2019	Target <=	2.01%	1.99%	1.99%	1.99%	1.99%
C	2.01%	Data	2.01%	1.92%	1.78%	1.79%	1.65%

Targets

FFY	2024	2025
Target A >=	58.82%	59.20%
Target B <=	11.68%	11.58%
Target C <=	1.99%	1.99%

Targets: Description of Stakeholder Input

Stakeholder Engagement and Target Setting Timeline:

The Office of Special Education (OSE) utilized a two-tiered stakeholder engagement process to ensure targets for the FFY 2020–2025 SPP/APR package remained both rigorous and relevant:

**** Initial Target Setting (April – October 2021):** OSE engaged a broad group of stakeholders—including the Arkansas Advisory Council for the Education of Children with Disabilities, local special education directors, teachers, and parent representatives—to establish the current FFY 2020–2025 targets. Stakeholders first concurred that the baseline year established in the prior SPP/APR remained appropriate due to the data set change.

**** Annual Review and Reaffirmation (October 2024):** During the current reporting period, OSE re-engaged the Arkansas Advisory Council to review recent performance data against the established targets. In this session, stakeholders analyzed progress and reaffirmed that the existing targets continue to provide the necessary rigor to drive state inclusion initiatives. No changes were made to the targets during this session, as the group reached a consensus that the current trajectory remains ambitious yet achievable.

Based on the analysis of historical performance and stakeholder consensus, the following methodologies were applied:

** Indicator 5A (Inside Regular Class $\geq 80\%$): Targets were set to increase annually using a projection methodology that exceeds the average annual percentage-point change observed in recent years. This maintains the rigor of Least Restrictive Environment (LRE) mandates and reflects the State's commitment to continuous inclusion initiatives.

** Indicator 5B (Inside Regular Class $< 40\%$): Targets were set to decrease annually, mirroring the methodology for Part A. This trajectory reflects the State's goal to reduce restrictive placements by systematically supporting students within the regular classroom environment.

** Indicator 5C (Separate Settings): The target was maintained at a flat rate of 1.99%. This was chosen as an ambitious maximum threshold to ensure that state resources prioritize moving students out of separate schools, residential facilities, and homebound placements.

This methodical approach ensures that LRE targets are directly supported by system-wide inclusion initiatives and ongoing stakeholder oversight.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	Total number of children with IEPs aged 5 (kindergarten) through 21	72,076
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	53,846
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	7,318
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	293
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	590
SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74)	07/30/2025	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	288

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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	53,846	72,076	71.32%	58.82%	74.71%	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	7,318	72,076	10.16%	11.68%	10.15%	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]	1,171	72,076	1.65%	1.99%	1.62%	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	2019	2020	2021	2022	2023
A	Target >=	20.74%	21.44%	22.13%	22.83%	23.53%
A	Data	20.74%	18.77%	18.57%	17.89%	23.11%
B	Target <=	20.21%	19.73%	19.25%	18.77%	18.29%
B	Data	20.21%	21.71%	21.67%	27.58%	28.12%
C	Target <=		1.08%	1.04%	1.00%	0.96%
C	Data		1.08%	0.37%	0.23%	0.15%

Targets: Description of Stakeholder Input

The State established the baseline and targets for Indicator 6 through a series of stakeholder engagement sessions held from April through October 2021. Participants included the Arkansas Advisory Council for the Education of Children with Disabilities, local district administrators, and parent representatives.

During these 2021 sessions, stakeholders were informed that the baseline year for 6A and 6B had been established in the prior SPP/APR cycle due to a change in the data set. Stakeholders reached a consensus to use FFY 2020 data as the baseline for the new 6C (Home) indicator. To establish targets for FFY 2020–2025, the State used standard deviation modeling: 6A and 6C targets were set to improve by one full standard deviation by FFY 2025, while 6B targets were set to improve by a 1/2 standard deviation.

FFY 2024 Annual Data Review:

In October 2025, the State presented the SY 2023-24 preschool environment data to stakeholders. The group analyzed the results for 6A, 6B, and 6C, specifically discussing the challenges in meeting the 6B target. While the data indicated challenges in meeting the 6B target (representing slippage), stakeholders affirmed that the State is moving in the right direction by keeping expectations high. The group supported the continued use of the established FFY 2025 targets, agreeing that these benchmarks remain appropriate and provide the necessary motivation for systemic improvement. Stakeholders expressed a preference for staying the course to reach the State's inclusive goals, and no revisions to the targets were requested or made at this time.

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	2024	2025
Target A >=	24.22%	24.92%
Target B <=	17.81%	17.31%

Inclusive Targets – 6C

FFY	2024	2025
Target C <=	0.92%	0.88%

Prepopulated Data

Data Source:

SY 2024-25 Children with Disabilities (IDEA) Early Childhood (EDFacts file spec FS089; Data group 613)

Date:

07/30/2025

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	2,743	5,082	2,344	10,169
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	574	1,223	541	2,338
b1. Number of children attending separate special education class	15	37	13	65
b2. Number of children attending separate school	1,073	1,355	590	3,018
b3. Number of children attending residential facility	3	3	4	10
c1. Number of children receiving special education and related services in the home	12	6	5	23

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 2024 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 2023 Data	FFY 2024 Target	FFY 2024 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	2,338	10,169	23.11%	24.22%	22.99%	Did not meet target	No Slippage
B. Separate special education class, separate school, or residential facility	3,093	10,169	28.12%	17.81%	30.42%	Did not meet target	Slippage
C. Home	23	10,169	0.15%	0.92%	0.23%	Met target	No Slippage

Provide reasons for slippage for Group B aged 3 through 5, if applicable

For FFY 2024 (SY 2023-24), the percentage of children ages 3 through 5 in separate settings was 30.42%, exceeding the target of 17.81% and representing a slippage of 2.30 percentage points from the FFY 2023 result of 28.12%.

The State identifies the following factors contributing to this trend:

**Parental Choice:

In alignment with state initiatives promoting educational flexibility, families are selecting a variety of placement options. An increasing number of parents are choosing specialized childcare programs designed to serve children with disabilities. Although these placements are intended to meet individual student needs, they are categorized as "separate" settings under federal reporting definitions.

**Improved Reporting Accuracy Through Technical Assistance and Video Analysis:

Targeted technical assistance has increased the accuracy and consistency of educational environment coding statewide. The State conducted annual individualized data analysis sessions with each LEA early childhood coordinator and incorporated video analysis and discussion during monthly coordinator calls, including review of the DaSy video Converting Child Outcome Data to OSEP Progress Categories. These activities strengthened LEA understanding of federal definitions and data interpretation, resulting in more precise identification and reporting of separate settings.

Future Data Analysis and Target Setting:

The State will continue to monitor these trends. As additional data becomes available, Arkansas will use these analyses to inform future target and goal-setting, ensuring that state benchmarks remain both rigorous and reflective of the evolving educational landscape.

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	2019	2020	2021	2022	2023
A1	2008	Target >=	91.56%	89.16%	89.64%	90.12%	90.60%
A1	89.56%	Data	88.70%	87.32%	90.06%	89.50%	88.27%

A2	2008	Target >=	68.72%	66.32%	66.80%	67.28%	67.76%
A2	68.61%	Data	63.66%	62.57%	64.60%	65.04%	62.18%
B1	2008	Target >=	92.38%	89.98%	90.46%	90.64%	91.42%
B1	89.64%	Data	89.53%	87.98%	90.18%	89.69%	87.94%
B2	2008	Target >=	61.11%	57.17%	56.21%	57.19%	58.17%
B2	59.74%	Data	48.27%	47.93%	48.43%	50.63%	46.60%
C1	2008	Target >=	92.13%	90.71%	89.73%	90.21%	91.17%
C1	91.68%	Data	90.68%	88.85%	91.85%	91.64%	89.18%
C2	2008	Target >=	78.40%	75.95%	94.97%	93.99%	75.46%
C2	77.81%	Data	70.18%	70.08%	70.75%	72.41%	68.52%

Targets

FFY	2024	2025
Target A1 >=	91.08%	91.56%
Target A2 >=	68.24%	68.72%
Target B1 >=	91.90%	92.38%
Target B2 >=	59.64%	61.11%
Target C1 >=	91.65%	92.13%
Target C2 >=	76.93%	78.00%

Targets: Description of Stakeholder Input

The State engaged key stakeholders, including the Arkansas Advisory Council, local ECSE coordinators, Head Start partners, and parent leaders, in multiple data review and target-setting sessions from April through October 2021.

Historical Target Setting:

During these sessions, the State utilized forecasting models to establish targets for the current cycle. These benchmarks were built upon the systemic integration of the Child Outcomes Summary (COS) process into the IEP in the 2017-2018 school year. Stakeholders reached a consensus on the current targets, affirming them as rigorous standards for driving high-quality instruction and inclusive practices.

FFY 2024 Performance Review:

In October 2025, the State presented the SY 2023-24 (FFY 2024) data to the Advisory Council. The group conducted a formal review of the results across all six summary statements. While the State did not meet the established targets, stakeholders determined that the existing FFY 2025 targets remain appropriate benchmarks for the State's improvement initiatives.

Stakeholder review focused on the correlation between student performance and Adverse Childhood Experiences (ACE). Arkansas ranks 49th in the nation for ACE scores, indicating a high percentage of children experiencing significant trauma or household instability. Evaluation indicates these chronic risk factors negatively impact child behavior (Outcome C) and social-emotional skills (Outcome A) upon program entry. The State is utilizing this data to prioritize professional development in trauma-informed practices. By addressing the behavioral impacts of high ACE scores, the State aims to support the increased growth rates required to meet summary statement benchmarks.

In addition, the state early childhood special education support team has worked directly with providers through the Building Access for Students in Classrooms (BASIC) Project. The goal of the project is to increase LEA capacity to implement a multi-tiered system of support for behavior in early childhood settings. This support includes professional learning opportunities, technical assistance, and coaching to ensure that Tier 1, 2, and 3 supports are in place for all children.

FFY 2024 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

5,228

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	25	0.48%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	400	7.65%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,573	30.09%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,907	36.48%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,323	25.31%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	3,480	3,905	88.27%	91.08%	89.12%	Did not meet target	No 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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	3,230	5,228	62.18%	68.24%	61.78%	Did not meet target	No 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	24	0.46%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	530	10.14%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	2,210	42.27%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,051	39.23%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	413	7.90%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	4,261	4,815	87.94%	91.90%	88.49%	Did not meet target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the	2,464	5,228	46.60%	59.64%	47.13%	Did not meet target	No Slippage

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
program. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$							

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	17	0.33%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	348	6.66%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,311	25.08%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,162	41.35%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,390	26.59%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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. <i>Calculation:</i> $(c+d)/(a+b+c+d)$	3,473	3,838	89.18%	91.65%	90.49%	Did not meet target	No 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. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$	3,552	5,228	68.52%	76.93%	67.94%	Did not meet target	No Slippage

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (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 a team approach, including parents, to determine 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 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 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

The State engaged a diverse group of stakeholders—including the Arkansas Advisory Council for the Education of Children with Disabilities, the Arkansas Parent Training and Information (PTI) Center, local special education administrators, and early childhood providers—to review parent involvement data and evaluate the appropriateness of the FFY 2020–2025 targets.

Target Setting Methodology and Historical Context

During the initial target-setting sessions conducted between April and October 2021, stakeholders reviewed historical data trends for both school-age (8A) and early childhood (8B) parent survey results. The State presented several forecasting models; however, stakeholders noted that Arkansas had historically struggled to meet the highly ambitious targets set in previous cycles.

Rather than lowering expectations, the State, with stakeholder input, determined that the FFY 2013-2018 targets remained rigorous and appropriate benchmarks for driving improvement in parent-school partnerships. Consequently, the decision was made to bring forward those established targets for the current SPP/APR cycle (FFY 2020–2025) to maintain a consistent standard of excellence for family engagement.

FFY 2024 Annual Review (July 2025)

At the July 2025 State Advisory Council meeting, the State presented a longitudinal review of Indicator 8 performance data.

* The Council discussed the recurring challenge of meeting the high benchmarks. Despite these challenges, stakeholders affirmed that the State is moving in the right direction by maintaining these ambitious targets rather than adjusting them downward. The group agreed that the current targets serve as a necessary catalyst for LEAs to prioritize and innovate in their parent engagement strategies.

* During the October 2025 Advisory Council meeting, the State provided a status update regarding the FFY 2024 survey results. The State informed stakeholders that a significant equipment failure of the Scantron scanning hardware, combined with a procurement delay in receiving a replacement machine, resulted in a delay in the survey processing timeline. In addition, districts were updated in spring 2025 that there would be a change in location for the Scantron Family Surveys starting July 2025, but districts continued to send their completed Scantron forms to the old address through Fall 2025. While we continued to pick up at the prior address, there is a concern that not all of the FFY 2024 Scantrons were received. Consequently, finalized data analysis could not be presented during the October session.

* The finalized results for the FFY 2024 survey cycle, including the representativeness analysis and the effectiveness of current response-rate strategies, will be presented to the Advisory Council during the April 2026 meeting.

Historical Data

Group	Baseline	FFY	2019	2020	2021	2022	2023
Preschool	2005	Target ≥	94.84%	89.94%	90.92%	91.90%	92.88%
Preschool	82.92%	Data	91.12%	90.55%	91.42%	92.15%	91.46%
School age	2005	Target ≥	96.45%	94.05%	94.53%	95.01%	95.49%
School age	95.35%	Data	96.52%	96.23%	95.98%	95.86%	95.58%

Targets

FFY	2024	2025
Target A ≥	93.86%	94.84%
Target B ≥	95.97%	96.45%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
Preschool	2,561	2,809	91.46%	93.86%	91.17%	Did not meet target	No Slippage
School age	15,389	15,932	95.58%	95.97%	96.59%	Met target	No Slippage

The number of parents to whom the surveys were distributed.

82,245

Percentage of respondent parents

22.79%

Response Rate

FFY	2023	2024
Response Rate	30.48%	22.79%

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 with 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.

Arkansas analyzes both race/ethnicity and primary disability categories to determine the representativeness of survey respondents.

The State utilized the IDEA Data Center (IDC) Survey Response Analysis (SRA) application and consulted with IDC technical assistance staff from November 2025 -January 2026 to ensure the validity of the findings. Arkansas applies a metric of +/- 3.0 percentage points to identify categories that are over- or under-represented when compared to the State's 618 child count demographics.

FFY 2024 Analysis Results for Early Childhood (Preschool):

Using the +/- 3% criteria, families of children with disabilities in early childhood programs were over-represented in the racial group White (+8.57) and under-represented in the racial group Black (-8.23). For disability categories, families were under-represented in Developmental Delay (-8.83) and over-represented in Speech/Language Impairment (+4.92). Additionally, 4.81% of respondents did not indicate the child's race, and 6.31% did not indicate the child's disability.

FFY 2024 Analysis Results for School Age:

Using the +/- 3% criteria, families of children with disabilities in school-age programs were under-represented in the racial/ethnic group Hispanic (-5.52) and over-represented in the racial group White (+8.23). For disability categories, families were under-represented in Speech/Language Impairment (-4.07). Additionally, 14.09% of respondents did not indicate the child's race, and 6.73% did not indicate the child's disability.

Based on the analysis above, Arkansas has identified potential nonresponse bias among families of children who are Black or Hispanic, as well as families of preschool children with Developmental Delays and Speech/Language Impairment.

To ensure the integrity of the analysis, cases with missing demographic data (67 for Early Childhood and 528 for School Age) were excluded from the calculations. The high rate of missing race data in the school-age population (14.09%) has been identified as a specific area for improvement.

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 provide comprehensive training to LEAs on the preparation, collection, and submission of family surveys via webinars and face-to-face meetings. Additionally, the IDEA Data & Research Office provides monthly technical assistance to LEA Special Education Supervisors, emphasizing the requirement to (1) offer every parent/guardian the opportunity to participate and (2) submit data by the July 15th deadline.

Targeted Strategies for Under-Represented Groups:

Based on the FFY 2024 analysis showing under-representation among Black and Hispanic families, as well as the preschool Developmental Delay category, the State is implementing the following targeted improvements in collaboration with the October 2025 State Advisory Council, District LEA Supervisors, and the Arkansas Parent Training and Information (PTI) Center:

* Mobile-Friendly Accessibility:

Recognizing that many families primarily access the internet via mobile devices, the State has prioritized the use of QR codes and cell-phone-compatible survey links. A new one-page "Family Survey Guide" was developed to streamline this process, allowing parents to instantly access the survey on their mobile devices during school meetings. This guide is available at: https://arksped.ade.arkansas.gov/documents/data_n_research/Indicator8-FamilySurvey-One-pageGuide.pdf

* Vetted Resource Appendices:

To ensure the outreach materials are effective and parent-friendly, the State developed two specific appendices for LEA use during fall 2025. These resources were formally reviewed and vetted by a committee of area special education teachers and LEA supervisors to ensure they address local barriers to participation. These materials are hosted on the DESE-OSE resources page: <https://dese.ade.arkansas.gov/Offices/special-education/data-research/resources>

* Demographic Representativeness:

All instructions, mobile-friendly guides, and survey portals are provided in both English, Spanish, and Marshallese to reduce participation barriers for Hispanic families and ensure the State moves toward its +/- 3% representativeness goal.

Diversified Collection Methods:

While the distribution method is determined locally, the State strongly encourages LEAs to offer the survey during Annual Review meetings, parent-teacher conferences, and transition meetings. By shifting toward digital, mobile, and computer-accessible platforms, the State aims to mitigate technical delays associated with physical hardware (Scantron) and to provide more immediate, representative data for future reporting cycles.

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

To increase the response rate year-over-year and ensure participation from underrepresented groups, Arkansas has transitioned from general oversight to a targeted outreach strategy refined through a continuous cycle of stakeholder engagement throughout the FFY 2024 reporting period (<https://arksped.ade.arkansas.gov/applications/surveys/>).

IDEA Data & Research Office provides updates in the Office of Special Education (OSE) monthly newsletter, OSE monthly call, and spring Data Retreats reminding 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 resources provided in the newsletter and monthly calls are posted online (<https://dese.ade.arkansas.gov/Offices/special-education/data-research/resources>) and provide strategies for improving response rates along with instructions on how to complete the surveys online via a secure website or by mailing all completed scantron survey forms to the IDEA Data & Research

Office for scanning. The new Instructions for LEA's were collaboratively updated with LEA's to include usage on cell phones, language for IEP meeting clarity, and a QR Code for quick reference.

The State strengthened LEA accountability by embedding the survey process as a requirement within the State's official special education paperwork for districts to document that the parent/guardian was provided a formal opportunity to participate in the family survey. This ensures that the "opportunity to participate" is a verifiable part of every child's record. This systemic change is supported by monthly technical assistance calls and the OSE newsletter, which serve as the primary conduits for reminding LEAs of the July 15th submission deadline and providing resources via the DESE-OSE website (<https://dese.ade.arkansas.gov/Offices/special-education/data-research/resources>).

Following a longitudinal review of trends with the State Advisory Council in July 2025, the SEA and local stakeholders identified specific barriers to representation. Stakeholders in Northwest Arkansas emphasized that a lack of access to native languages was a primary driver of underrepresentation among the Marshallese community. Acting on this direct feedback, the State developed and officially launched a Marshallese version of the online survey and survey instructions in January 2026. Additionally, to support mobile-first engagement for all families, the State updated LEA instructions to include language for cell phone usage. This culminated in the December 2025 release and posting of a new QR code for quick reference, ensuring families can participate immediately during school activities (https://arksped.ade.arkansas.gov/documents/data_n_research/Indicator8-FamilySurvey-One-pageGuide.pdf).

Throughout the Fall of 2025, the State worked with the IDEA Data Center (IDC) to finalize a comprehensive analysis of the FFY 2024 results, utilizing the +/- 3% metric to identify non-response bias. In January 2026, the State Advisory Council was updated on the successful deployment of the new Marshallese translations and the updated mobile-access guides. Simultaneously, the OSE newsletter and technical assistance calls were used to update State Administrators and LEA Supervisors on these new resources, ensuring immediate implementation at the local level. This awareness of localized data and resources will be further reinforced during the February 2026 annual Technical Assistance call. Finally, in April 2026, the State will present the final regional analysis and the initial impact of the January 2026 Marshallese launch to the State Advisory Council, ensuring that stakeholder input continues to drive the State's efforts to reach its representativeness goals.

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, using the 618 child count for both early childhood and school-age as comparison 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 Delay) and race/ethnicity (Hispanic and Black), respectively.

*** Early Childhood:**

Even though parents of Black students (-8.23) and students with Developmental Delays (-8.83) were under-represented in the respondent group, levels of agreement were consistently high across all groups, indicating that nonresponse bias was not a concern regarding the overall results.

*** School Age:**

While parents of Hispanic students (-5.52) and students with Speech/Language Impairments (-4.07) were under-represented in the respondent pool, the parents who did respond showed very high agreement levels, indicating that nonresponse bias did not impact the overall outcome estimate.

Assessing the full extent of nonresponse bias remains challenging due to incomplete demographic data; for example, 14.09% of school-age respondents did not indicate a race. Because the surveys are submitted anonymously, the most reliable method for evaluating representativeness involves matching responses based on LEA number, race, and disability. Missing data in these fields could lead to a false finding of nonresponse bias.

Moving forward, Arkansas is collaborating with LEAs to emphasize the critical role of accurate and complete demographic data. In response to stakeholder feedback and requests for individualized support, the SEA is transitioning from a single statewide summit to five regional Special Education Data Summits in the spring of 2026. This allows for focused support for districts with lower response rates.

The 2026 summits include a dedicated session on family surveys and were planned in collaboration with the IDEA Data Center (IDC) starting in summer 2025. Two IDC team members are scheduled to attend and co-present at the following sessions:

- * February 17: Central (Little Rock)
- * February 18: Southwest (Magnolia)
- * February 25: Southeast (Monticello)
- * February 26: Northeast (Crowley's Ridge)
- * March 4: Northwest (Northwest ESC)

In addition to the summits, the IDEA Data & Research Office has established a regional support structure with designated presenters for each group. Following feedback from the October 2025 Advisory Council (corrected from 2026), the SEA expanded its training from a single month (February) to monthly reminders starting in December 2025, providing focused support for districts with the lowest representation and response percentages.

The FFY 2024 response rate of 22.79% represents a decrease from the FFY 2023 rate of 30.48%. The State has identified technical glitches in the online survey tool as a primary factor for this decline and has since implemented corrections. There was also a transition in where the Scantron Family Surveys would be sent. While districts were updated starting in February 2025, before the official transition on July 1, 2025, some districts continued to submit using the old address through early fall 2025. All surveys sent to the old address were received and processed, but there are potential concerns about the data not being held at the old address.

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 2024 SPP/APR, the State must report whether the FFY 2024 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 2023 SPP/APR

Arkansas conducted a thorough representativeness analysis for FFY 2024. This analysis was completed in consultation with the IDEA Data Center (IDC) team and utilized the IDC Nonresponse Bias Tool to ensure a rigorous evaluation of the survey data.

The analysis determined that the respondent group was not representative of the demographics of children receiving special education services in the State. Discrepancies exceeding the +/- 3% threshold were identified in the following categories:

- * Race/Ethnicity: White, Black, and Hispanic populations.
- * Disability Category: Developmental Delay (DD) and Speech/Language Impairment (SLI).

Arkansas has taken significant steps to analyze its data to inform future processes and identify gaps across populations. To address identified discrepancies and improve future response rates, the State is implementing the following strategies:

- * Identified and corrected technical glitches in the online survey tool (scrolling functionality) that hindered submissions during the FFY 2024 period.
- * Developed and distributed a new streamlined flyer featuring QR codes and specific information regarding cell phone access to make participation more convenient for families.
- * Expanding survey accessibility by developing a Marshallese translation and refining the Spanish translation to better engage underrepresented racial and ethnic populations, particularly in high-density regions like Northwest Arkansas.
- * Integrated a requirement within state-standardized IEP paperwork for districts to document that every parent was offered the survey and scheduled a Special Education Data Summit for February 2025 to train LEAs on improving local response rates.

8 - OSEP Response

8 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 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.

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 2024 reporting period (i.e., after June 30, 2025).

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2024	2025
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Target	0%	0%
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FFY 2024 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.

23

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	260	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) using a risk ratio and an alternative risk ratio methodology, with a minimum cell size of 5, an n size of 15, and a risk ratio threshold greater than 3.00. The 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 2024-2025 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.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

(1) Verification of Correct Regulatory Implementation:

To verify that the LEA is correctly implementing the regulatory requirements, the DESE-OSE follows a two-step verification process during the 90-day pre-finding window:

* Systemic Review: The State reviews the LEA's self-assessment of policies, procedures, and practices to ensure they align with IDEA Part B requirements.

* Subsequent Data Review: DESE-OSE verifies systemic correction by reviewing a new sample of student records (updated data) that were processed after the LEA implemented its corrective actions. The State ensures the LEA has achieved 100% compliance in its identification practices before concluding the pre-finding period without a formal finding.

(2) Verification of Individual Case Correction:

For any individual student whose file was initially identified as having noncompliance (e.g., a missing evaluation component or an incorrectly documented eligibility determination), the State verifies child-specific correction as follows:

* Individual Record Audit: Through desk audits or on-site visits, DESE-OSE staff verify that the LEA has corrected each specific instance of noncompliance. This involves ensuring that the LEA has completed the required evaluation or re-evaluation and correctly determined the child's eligibility.

* Verification of Status: If the child is no longer within the jurisdiction of the LEA, the State verifies the child's exit status. Correction is only verified once the State confirms that each child-specific error has been rectified and the student's file is in full compliance with identification regulations.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2024 reporting period (i.e., after June 30, 2025).

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.39%	0.00%

Targets

FFY	2024	2025
Target	0%	0%

FFY 2024 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.

23

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
54	1	260	0.00%	0%	0.38%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

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) using a risk ratio or an alternate risk ratio methodology, with a minimum cell size of 5, an n size of 15, and a risk ratio threshold of greater than 3.00. The 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 a review of student-level data to complete.

Each of the 54 LEAs that the State identified in 2024-2025 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 one finding of noncompliance.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not have formal procedures for a prefinding correction period related to disproportionality.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Because the State reported less than 100% compliance for FFY 2025 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. The State must demonstrate, in the FFY 2025 SPP/APR, that the district identified in FFY 2024 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2024, although its FFY 2024 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 2024. 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, the explanation 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.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.71%	99.35%	99.37%	99.29%	99.35%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
17,522	17,316	99.35%	100%	98.82%	Did not meet target	No Slippage

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

206

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.

17,522 children with parental consent were evaluated. The children evaluated within 60 days were 17,316, representing 98.82%, a decrease of 0.53 percentage points from the previous 2023-2024 rate of 99.35%.

Out of the 17,522 children, 3,424 or 19.54% were determined not eligible, while 12,533 representing 71.53% were determined eligible. The remaining 1,565 students or 8.93% had external or intervening factors, administrative and parental withdrawals, and non-evaluative closures where the referral process concluded without a standard determination of eligibility or placement into special education. There were 37 LEAs exceeding State-established timelines of 60 days, and the number of days varied between 1 and 189 days. Of those with delays, 142 children out of the 206 were found to be eligible with days spanning between 1 -185 days. Sixty-four (64) children were found not eligible, with delays spanning 1- 163.

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 that timelines were often exceeded due to these non-school periods. In addition, Arkansas has many small districts that utilize contracted services. In discussions with LEAs, the ADE Office of Special Education has recommended (1) a contractual statement that 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, eligibility was determined, albeit late, as evident in the discussion above.

To determine whether ongoing systemic issues are prevalent, the IDEA Data & Research Office, via the student management system, verified that each of the 37 LEAs that were not at 100% for the Indicator in FFY 2024 is 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 2025 and revealed that 37 of 37 LEAs were 100% compliant and were correctly implementing the regulatory requirements for 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 used by 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 the Arkansas Department of Corrections (ADC). The MySped Resource system is also used to give LEAs an opportunity to verify their data and complete referrals that may have crossed fiscal years.

The end-of-year data collection is to be submitted to the state information system (SIS) by midnight on 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 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's 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 on 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 the student was placed, yet the completion reason is "NE")
- * Referral process incomplete

Identification of Non-compliance: Prior to the 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 with 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 that prevents a record from being calculated is considered a missed timeline, as timeliness cannot be verified. This results in the record being "flagged" for noncompliance.

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

Verification of the correction of noncompliance is further conducted by reviewing 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 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not have formal procedures for a prefinding correction period related to child find.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. 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, the explanation 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.

Response to actions required in FFY 2023 SPP/APR

DESE-OSE reviewed updated data for each of the 30 LEAs whose FFY 2023 data showed less than 100% compliance. This data review of the Student Management System (eSchool) referral-tracking data for the current school year to ensure the systemic implementation of timelines. The result of this review was 100% compliance across the identified LEAs. To verify the correction of individual cases, an Individual Record Audit was conducted via SMS. The State verified that there was no ongoing non-compliance at the student level because all evaluations had been completed, even if late. In each instance, the IEP teams determined eligibility and provided services to those children found eligible.

Although FFY 2023 data reflected less than 100% compliance, the State did not issue formal findings because it has adopted procedures that permit LEAs to correct noncompliance within a 90-day 'Verification Engagement' window prior to the issuance of a formal finding. During this window, the IDEA Data & Research Office staff reviewed the eSchool special education modules to verify that every student whose evaluation timeline exceeded 60 days had been evaluated, had eligibility determined, and had an IEP developed if found eligible.

Verification of systemic implementation was further conducted by reviewing current-year referral tracking data. This Systemic Review confirmed that the LEAs are correctly implementing the regulatory requirements. If correction could not be verified during this window, the records would have been elevated from a 'flag' to a 'red flag' for formal enforcement action; however, all corrections were verified within the required period.

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. 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, the explanation 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.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	110
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	22
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	29
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.	11
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 2023 Data	FFY 2024 Target	FFY 2024 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.	29	29	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 on 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 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's 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 review their data and make 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 on 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 the 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 the 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 with 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 that prevents a record from being calculated is considered a missed timeline, as timeliness cannot be verified. 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 the 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 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not have formal procedures for a prefinding correction period related to early childhood transition.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	71.26%	84.34%	78.22%	83.05%	80.78%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
212	278	80.78%	100%	76.26%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The slippage from 80.78% in FFY 2023 to 76.26% in FFY 2024 is primarily attributed to the variation in the LEA sample group and specific deficiencies in transition documentation identified during the monitoring cycle. Because Arkansas utilizes a four-year monitoring cycle, the districts reviewed in FFY 2024 represent a different sample from the previous year, reflecting varying levels of local staff experience and administrative procedures.

For FFY 2024, of the 278 IEPs monitored for secondary transition, 66 (23.74%) had components that were initially non-compliant. Through the State's pre-finding correction process:

* 55 of the 66 IEPs with noncompliance were corrected within the 90-day pre-finding correction period.

* The remaining 11 IEPs, represented by four (4) LEAs, could not be verified as corrected within that window and were issued formal findings of noncompliance and Corrective Action Plans (CAPs).

The errors identified in the 66 non-compliant IEPs were tied to the eight compliance components of Indicator 13. Some areas of non-compliance identified across districts contributing to the slippage included:

* Post-secondary goals that were not measurable or were not clearly based on age-appropriate transition assessments.

* A course of study that did not explicitly outline the classes or sequences needed to assist the student in reaching their post-secondary goals.

While the initial compliance rate resulted in slippage, the final number of districts with formal findings decreased from the previous period. To address these recurring error types, Arkansas Transition Services (ATS) has intensified technical assistance, specifically targeting the Indicator 13 Cross-Reference Tool (https://arkansastransition.com/images/ATS_Indicator_13_Cross-Reference_Tool_Bulletpoint.pdf) and "Tip Sheets" to ensure LEAs understand how to document these components correctly prior to their monitoring window.

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

Indicator 13 data are reported at the initial compliance level prior to the opportunity to correct (prefinding corrections). If an IEP is found to be noncompliant 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 Corrective Action Plan (CAP).

Arkansas continues to benefit from ongoing technical assistance provided by the National Technical Assistance Center on Transition: The Collaborative (NTACT:C). Through this partnership, a core state team was established to guide and strengthen transition efforts across the state. The team includes representatives from the Division of Elementary and Secondary Education—Office of Special Education (DESE-OSE), Arkansas Transition Services (ATS), Arkansas Rehabilitation Services, Career and Technical Education, and local education agencies. Collectively, these partners develop and implement goals and activities strategically designed to improve the quality of secondary transition services, reduce dropout rates, increase graduation rates, and enhance post-school outcomes for students with disabilities. This coordinated effort reflects Arkansas's commitment to continuous improvement and meaningful collaboration in support of successful transitions from school to adult life.

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)

The Corrective Action Plans (CAPs) for districts issued findings of noncompliance are reviewed monthly, which may include onsite visits, to determine if student-level corrections have occurred. Additional files were reviewed to verify ongoing compliance.

The LEAs represent small to large districts, with the number of IEPs out of compliance ranging from 1 to 13.

Professional learning opportunities and technical assistance provided by Arkansas Transition Services (ATS) Transition Consultants play an essential role in strengthening secondary transition services across the state. Developed by the ATS team, these opportunities incorporate national resources as well as tools and expertise from partner agencies such as Arkansas Rehabilitation Services (ARS) and Career and Technical Education (CTE). Special projects—including the Communicating Interagency Relationships and Collaborative Linkages for Exceptional Students (CIRCLES), a model for effective transition planning, and the Self-Determined Learning Model of Instruction (SDLMI) and Goal Setting Challenge (GSC) App, which promote self-determination and goal-setting instruction—enable districts to implement innovative, research-based practices that foster compliant and meaningful transition planning. These initiatives actively engage students, families, educators, agencies, and community partners in the transition process.

ATS also offers virtual sessions on the components of Indicator 13, all of which are available on the ATS website. The site includes a robust collection of resources supporting Indicator 13 compliance, such as user-friendly “Tip Sheets” that guide educators through each component. Recent additions include a convenient postcard outlining the eight Indicator 13 compliance questions—ideal for teachers to keep as a quick reference—and a list of twenty practical strategies for collaborating with ATS to improve Indicator 13 outcomes.

The ATS staff continues to provide guidance through training and technical assistance opportunities 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, along with follow-up training 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 of which provide guidance on compliance with Indicator 13. A valuable resource, the Indicator 13 Cross-Reference Tool, located on the Arkansas Transition Services website, allows users to view all eight components of Indicator 13 and identify where evidence of compliance is documented in the individualized education program. The ATS website houses many other resources to help with compliance, including transition assessment links and modules, information on post-secondary goals, transition activities, and the summary of performance.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Consistent with OSEP QA 23-01, DESE-OSE verified that the four (4) LEAs identified with findings in FFY 2023 are correctly implementing the specific regulatory requirements. The State conducted desk audits and/or onsite reviews of updated documentation, including revised procedures and training agendas/sign-in sheets. Furthermore, DESE-OSE reviewed a new sample of student IEP folders (not in the original review) to ensure the transition plans were compliant. Based on this review of updated data, the State determined the LEAs met all requirements for secondary transition and verified that the source of noncompliance was corrected.

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

To verify the correction of individual cases of noncompliance, DESE-OSE reviewed the non-compliant student IEP folders to ensure the non-compliance was corrected. The State verified that for each of the 12 individual cases identified, the IEP was amended to include all required secondary transition components as outlined in the Indicator 13 checklist. For any student who was no longer within the jurisdiction of the LEA, the State verified that the individual case was corrected for the duration the student was enrolled.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

To verify the correction of noncompliance during the pre-finding period for FFY 2023, DESE-OSE followed the two-step verification process:

1. Systemic Implementation: To verify that the source of noncompliance was correctly implementing the regulatory requirements, the SEA required each district to submit additional IEP folders for students not in the original sample. DESE-OSE reviewed this updated data and verified it met 100% compliance.
2. Individual Case Correction: DESE-OSE reviewed the 37 non-compliant student IEP folders to ensure that each individual instance of noncompliance was corrected. The State verified that the missing or incorrect transition components were amended to meet the Indicator 13 checklist requirements demonstrating and verifying 100% compliance for each student.

If a district failed to demonstrate both individual correction and systemic compliance during this period, a formal finding and a Corrective Action Plan (CAP) were issued.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. 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, the explanation 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.

Response to actions required in FFY 2023 SPP/APR

For the FFY 2023 reporting period, Arkansas monitored 255 IEPs for secondary transition, of which 49 were initially found to have non-compliance. Through the State's pre-finding correction process, 37 IEPs were corrected within the 90-day window. The remaining 12 IEPs, represented by four (4) LEAs, were issued formal findings of noncompliance.

In accordance with OSEP QA 23-01, the State has verified the correction of these findings through a two-step process:

1. Systemic Implementation: To verify that the four LEAs are correctly implementing the specific regulatory requirements, the State reviewed updated data. This included a review of additional IEP folders for students not in the original sample to ensure ongoing 100% compliance. The State also verified that the LEAs updated internal procedures and completed technical assistance provided by Arkansas Transition Services.
2. Individual Case Correction: DESE-OSE verified that each of the 12 individual cases of child-specific noncompliance was corrected. The State reviewed the non-compliant student IEP folders to ensure that the required transition components (measurable goals, transition assessments, and courses of study) were amended to meet 100% compliance. For any student no longer within the jurisdiction of the LEA, the State verified correction for the duration of the student's enrollment.

Based on this verification, the State confirms that all 4 findings of noncompliance identified in FFY 2023 have been fully corrected and the LEAs are correctly implementing the regulatory requirements.

13 - OSEP Response

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2023 because it did not report that it verified correction of those findings, consistent with OSEP QA 23-01. Specifically, the State did not report that that it verified that each LEA with noncompliance identified in FFY 2023 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.

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining four uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023: (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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. 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, the explanation 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.

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 = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$.

Instructions

Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 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 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 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	2019	2020	2021	2022	2023
A	2009	Target ≥	15.80%	13.06%	13.26%	13.46%	13.66%
A	12.86%	Data	10.90%	15.82%	15.64%	17.59%	18.61%
B	2009	Target ≥	51.49%	49.21%	49.87%	50.53%	51.19%
B	48.55%	Data	41.97%	64.06%	67.92%	72.48%	63.59%
C	2009	Target ≥	63.26%	59.89%	60.44%	60.99%	61.54%
C	59.34%	Data	48.45%	68.36%	73.62%	76.74%	83.01%

Targets

FFY	2024	2025
Target A ≥	13.86%	14.06%
Target B ≥	51.85%	52.51%
Target C ≥	62.09%	62.64%

Targets: Description of Stakeholder Input

Arkansas engaged a broad group of stakeholders, including the Special Education Advisory Council (SEAC), parents, advocates, and LEA representatives, to review Post-School Outcome (PSO) data and establish rigorous yet achievable targets.

During the May 25, 2022, meeting, stakeholders evaluated historical trends and various longitudinal growth models. Based on stakeholder input, Indicator 14A & 14B, would utilize the average annual difference to establish targets, ensuring that the targets remain ambitious relative to past performance. In addition, Indicator 14C targets utilize 1/2 of the average annual difference, recognizing the high baseline and the impact of economic volatility on broader employment categories.

During the July 2025 SEAC meeting, stakeholders reviewed the historical performance data (where the State exceeded targets across all three measures). The Council reached a consensus that the existing targets remain appropriate and provide a "growth-oriented" benchmark that encourages LEAs to continue improving transition services.

In the October 2025 SEAC meeting, the State reviewed preliminary data and stakeholders provided the following recommendations, which the State has adopted:

* Prioritizing engagement by continuing the statewide focus on Communicating Interagency Relationships and Collaborative Linkages for Exceptional Students (CIRCLES) and Self-Determined Learning Model of Instruction (SDLMI) initiatives. Stakeholders noted that students who are more engaged in self-determined transition planning while in school are more likely to respond to surveys post-graduation.

* Stakeholders also recommended the exploration of the National Student Clearinghouse to capture "lost" leavers who may have moved out of state, a factor stakeholders believe contributes to the current under-representation of certain demographics.

Furthermore, the State has scheduled a review of the finalized FFY 2024 results and the effectiveness of current collection strategies for the April 2026 SEAC meeting to ensure ongoing stakeholder oversight and to refine future improvement activities.

FFY 2024 SPP/APR Data

Total number of targeted youth in the sample or census	650
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	490
Response Rate	75.38%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	124
2. Number of respondent youth who competitively employed within one year of leaving high school	288
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)	24
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).	20

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Enrolled in higher education (1)	124	490	18.61%	13.86%	25.31%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	412	490	63.59%	51.85%	84.08%	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)	456	490	83.01%	62.09%	93.06%	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	2023	2024
Response Rate	81.64%	75.38%

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

A $\pm$ 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 $\pm$ 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 data collected was not representative of race/ethnicity or exit reason. Black youth were underrepresented (-3.24%) among respondents, while White youth were overrepresented (+4.31%). Students who dropped out (DO) were underrepresented among respondents (-4.52 percentage points), while students who graduated with a regular high school diploma (GD) were overrepresented among respondents (+6.28 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 has identified that Black youth (-3.24%) and students who drop out (-4.52%) are under-represented in the FFY 2024 data. To ensure future response data is representative, the State is implementing the following targeted actions:

* To improve engagement and retention for at-risk subgroups, Arkansas Transition Services (ATS) partners with the Division of Career and Technical Education and Arkansas Rehabilitation Services to host the CTE Summer Exploration Camp. This week-long residential program for students entering ninth grade provides hands-on experiences across various CTE fields at Secondary Centers. By fostering early-career identity and encouraging enrollment in CTE coursework, the State aims to increase high school completion rates and strengthen the "institutional bond" that makes students more likely to participate in post-school surveys.

* To better capture outcomes for Black youth and students in vocational paths, the State is actively expanding its data-sharing agreement with the Adult Education Office. This includes moving beyond GED attainment data to include specific workforce training and non-degree certification programs. This targeted data mining helps capture "leavers" who are engaged in valid post-secondary activities but may not appear in traditional higher education databases.

* Based on recommendations from the October 2025 SEAC meeting, stakeholders encouraged the State to scale the CIRCLES (interagency collaboration) and SDLMI (self-determination) initiatives. These programs are specifically designed to increase student involvement in their own transition planning. Research consistently shows that students who are active participants in these programs while in school have higher response rates to post-school outreach.

* To reduce non-response bias caused by students moving out of state (a common factor in "lost" leavers among mobile populations), Arkansas is exploring a contract with the National Student Clearinghouse (NSC). This will allow the State to track postsecondary enrollment for students who may have left the state system but are still meeting Indicator 14 criteria.

* The State is scheduled to present the impact of these targeted actions to the Special Education Advisory Council in April 2026 to evaluate if these engagement-based strategies are successfully closing the representativeness gap for under-represented subgroups.

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

To reverse the recent decline in the response rate (from 81.64% to 75.38%) and specifically target the Black youth (-3.24%) and Dropout (-4.52%) subgroups, Arkansas is refining its Dual Data Collection System. In the FFY 2024 collection, the State identified 160 students for whom no data was located across either the phone survey or the administrative data mine. To reduce this gap and ensure a broad cross-section of youth are represented, the State relies on a combination of exhaustive phone outreach and formal interagency data matching.

Arkansas maintains formal Data Sharing Agreements (DSAs) with several state agencies to verify post-school outcomes for youth who may not be reachable by phone. These DSAs allow for the secure exchange of data to accurately match 618-exiting data with post-school activities. The current administrative data mine includes records from the following partner agencies:

* Arkansas Division of Higher Education (ADHE): Provides enrollment data for two-year and four-year public institutions to identify youth in higher education.

* Division of Workforce Services (DWS): Provides quarterly wage and employment data to verify youth engaged in competitive and other employment.

* Arkansas Rehabilitation Services (ARS): Verifies youth engaged in vocational rehabilitation programs and competitive integrated employment.

* Adult Education Office: Captures enrollment in GED programs and specialized workforce training programs.

II. Maximizing Phone Survey Efficacy (eSchool Integration)

Currently, over 50% of respondent data for graduates is captured via direct phone surveys. To ensure the highest possible reach, the Arkansas phone survey pulls all available contact information directly from eSchool, the state-wide student data reporting system. This includes all primary and secondary guardian phone numbers on file.

The IDEA Data and Research group provides targeted support to LEAs to improve the accuracy of this foundational data. This support includes:

* Providing data entry best practices through the Office of Special Education (OSE) monthly newsletter and during OSE monthly calls with all LEA supervisors. As part of spring training, the State updates LEAs to ensure multiple valid contact numbers are active in eSchool prior to student graduation. This is the State's primary lever for increasing the response rate among "hard-to-locate" groups, such as the dropout subgroup, where family contact information is the most reliable link to the youth.

* Each February, the IDEA Data and Research unit hosts in-person data retreats designed to review each indicator. For indicator 14, the State provides hands-on training for LEA staff to review their specific data and identify data gaps.

III. Targeted Actions for Underrepresented Subgroups

We recognize that administrative data alone often favors students in traditional academic paths. To improve participation for our underrepresented groups and capture the "missing" 160 students, we are implementing the following:

* For Black Youth:

** We are expanding our match with Adult Education beyond GED tracking to include non-degree workforce certifications. This ensures we capture Black youth who are successfully engaged in technical training but may not appear in traditional higher education databases.

** The CTE Summer Exploration Camp is marketed to districts with high populations of Black youth. By building rapport with Arkansas Transition Services (ATS) in the 9th grade, we increase the "institutional bond," making families more likely to recognize and respond to the phone survey outreach one year after graduation.

* For the Dropout Subgroup:

** To specifically target the 160 students for whom no data was located, we are pursuing a National Student Clearinghouse (NSC) contract. This allows us to find dropouts who may have moved out of state to pursue community college or training, reducing the non-response bias caused by geographic mobility.

** Evidence-Based Initiatives (CIRCLES & SDLMI): Based on October 2025 SEAC input, the State continues to scale these models. By increasing student self-determination and interagency involvement while in school, we improve the likelihood that the student remains connected to support networks (and thus reachable for data collection) after exiting.

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.

Arkansas does not sample individual students for its Post-School Outcomes (PSO) survey but rather samples local education agencies (LEAs); the resulting analysis is based on student data from those selected LEAs. Using the IDEA Data Center (IDC) Survey Response Analysis (SRA) App, Arkansas examined the PSO response rate and representativeness. The State also consulted with IDC staff during the analysis process to ensure the validity of the findings and the appropriateness of the non-response bias conclusions.

Response Rate Data:

* Targeted Youth (Sample): 650

* Respondent Youth: 490

* No Information Located: 160

* Overall Response Rate: 75.38%

Of the 490 respondent youth, 456 were found to be engaged in one of the four categories, while 34 respondents were not engaged in post-school education or employment at the time of the survey.

Identified Non-Response Bias:

Arkansas utilizes a metric of +/- 3.00 percentage points to determine demographic over- or under-representation.

* Race/Ethnicity:

The analysis found no evidence of bias for Asian, Hispanic, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or Two-or-More race categories. However, Black youth were underrepresented (-3.24%) and White youth were overrepresented (+4.31%).

* Primary Disability:

No evidence of non-response bias was identified for primary disability. Youth across disability categories were generally represented proportionally in the respondent population.

* Exit Reason:

A significant non-response bias was identified regarding how students left school. Youth who exited with a Regular High School Diploma (GD) were over-represented (+6.28%), while those who Dropped Out (DO) were underrepresented (-4.52%). This suggests that youth who drop out are more difficult to locate one year after exit, which can lower response rates for this group.

Steps Taken to Reduce Bias and Promote Broad Response:

To address the identified bias and promote a broader cross-section of responses, particularly for Black youth and dropouts, Arkansas is implementing the following steps:

* Regional Data Retreats (eSchool Accuracy):

The State is conducting in-person data retreats across five regional areas in February 2026. These retreats provide hands-on training for LEA staff to ensure multiple valid contact numbers are correctly maintained in eSchool. Improving the accuracy of the phone survey source data is the State's primary lever for reaching "hard-to-locate" groups.

* Administrative Data Expansion:

Arkansas is expanding its Data Sharing Agreement with the Adult Education Office to include non-GED workforce training data. This is intended to capture outcomes for students in vocational paths who may not appear in traditional higher education databases, a group that includes a significant portion of the under-represented Black youth demographic.

* National Student Clearinghouse (NSC):

The State is pursuing a contract with the NSC to specifically target the 160 students for whom no data was located. This allows the State to track students who move out of state, reducing the geographic bias in the current administrative dataset.

* Early Engagement Bridge:

Arkansas Transition Services continues to scale the CTE Summer Exploration Camp, CIRCLES, and SDLMI initiatives. By building a rapport with students as early as 9th grade, the State increases the "institutional bond," which improves response rates across all exit types.

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

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 early 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 year 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 the survey results. 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.

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

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2023 SPP/APR

The FFY 2024 response rate of 75.38% represents a decrease of 6.26 percentage points from the FFY 2023 response rate of 81.64%. While the total sample size was smaller this year due to the approved stratified sampling rotation, the State maintained a robust respondent pool of 490 youth to ensure data validity.

The response data is not representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school.

Analysis of the Extent of Representativeness:

Arkansas utilizes a metric of +/- 3.00 percentage points to determine over- or under-representation. Using the IDC Non-Response Bias Tool, the State identified the following discrepancies in the FFY 2024 respondent pool:

* Race/Ethnicity: White youth were over-represented (+4.31%) and Black/African American youth were under-represented (-3.24%). Other categories (Asian, Hispanic, etc.) were within the 3% threshold.

* Exit Reason: A significant non-response bias was identified regarding how students left school. Youth who exited with a Regular High School Diploma were over-represented (+6.28%), whereas youth who Dropped Out were under-represented (-4.52%).

Non-Response Bias Discussion:

Consistent with findings from the previous reporting year, the hardest youth to locate are those who dropped out of high school whose information may not appear in traditional administrative datasets (like Higher Education enrollment). The over-representation of graduates suggests that youth with stronger institutional ties are more likely to be captured through the State's dual data collection method.

To address the lack of representativeness in the Black/African American, and Dropout subgroups, Arkansas is implementing the following strategies:

1. Targeted "Exit Interview" Training: Arkansas Transition Services (ATS) is training LEAs to capture secondary and tertiary contact information (social media, family members) for students at risk of dropping out before they leave the system.
2. Administrative Data Expansion: The State is working with the Adult Education Office to include non-GED workforce training data. This is expected to better capture outcomes for students with ID who engage in vocational training rather than two- or four-year college programs.
3. National Student Clearinghouse (NSC): Arkansas is exploring an NSC contract to capture students who move out of state, helping to reduce the over-reliance on local administrative data which currently favors certain demographics.
4. Stakeholder-Endorsed Initiatives: Based on the October 2025 SEAC meeting, the State continues to focus on CIRCLES and SDLMI to increase student engagement while still in school, which is the primary factor in improving response rates one year post-exit.

14 - OSEP Response

14 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specifications FS229.

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 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1 Number of resolution sessions	33
SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	22

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	2019	2020	2021	2022	2023
Target >=	66.76%	56.96%	58.92%	60.88%	62.84%
Data	93.33%	58.82%	64.29%	36.84%	47.83%

Targets

FFY	2024	2025
Target >=	64.80%	66.76%

FFY 2024 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
22	33	47.83%	64.80%	66.67%	Met 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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS228.

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 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1 Mediations held	15
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (EDFacts file spec FS228; Data group 895)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	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

Targets: Description of Stakeholder Input

Stakeholders were presented the data and various methods that could be applied to setting targets for Indicator 16. After reviewing the data sets, stakeholders agreed that, given the year-to-year uncertainty in the data and the need to continue a flat rate, the best approach would be to maintain the flat rate through FFY 2025.

Historical Data

Baseline Year	Baseline Data
2005	52.00%

FFY	2019	2020	2021	2022	2023
Target >=	83.40%	75.00%	75.00%	75.00%	75.00%
Data	100.00%	100.00%	94.74%	0.00%	100.00%

Targets

FFY	2024	2025
Target >=	75.00%	75.00%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	15	15	100.00%	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

Results indicator: 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, 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, 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, 2025). 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 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) 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)

NO

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	2024	2025
Target	Data must be greater than or equal to the target	63.37%	64.50%

FFY 2024 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	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
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	and grade level in the state.					
1,215	1,770	69.41%	63.37%	68.64%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

The data is the Reading Language Arts (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 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 exceeded 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 called the 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 the 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.

The SiMR is calculated as the percentage of students with disabilities in grades 3–5, in SSIP-targeted schools, whose RLA value-added score reflects moderate or high growth compared to all students in the same grade and subject statewide.

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)

NO

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 to strengthen the State's capacity to support LEAs with SSIP-aligned activities. These strategies focus on organizational alignment, statewide systems of support, monitoring & quality assurance, & a coordinated system of TA and PD. Together, they provide the infrastructure necessary to scale effective practices & advance the SiMR.

Strategy One: Expand & coordinate a coherent system of support aligned with existing DESE initiatives, differentiating based on LEAs' needs & data, & more effectively leveraging resources to increase the reach & impact of the agency's work.

This phase of the SSIP focused on strengthening alignment with DESE's Vision and Mission, organizational standards, values, & priorities. This strategy aimed to improve access to high-quality instruction for all students by streamlining state initiatives. AR remains committed to promoting safe, supportive, & collaborative school environments. This commitment, reflected in the SSIP Theory of Action, emphasizes alignment, scaling, & sustainability across agency initiatives. Aligned with the AR LEARNS Act of 2023, the SSIP continues to support statewide implementation of initiatives such as high-quality

instructional materials (HQIM) & evidence-based literacy practices grounded in the Science of Reading (SoR), ensuring that statewide priorities and infrastructure improvements remain coherent across DESE divisions.

Collaboration was central to Strategy One. The Office of Special Education (OSE) administrative team frequently attended 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 provide 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, established & supported through the Meaningful Access and Participation (MAP) Project & the ALL IN Trainer of Trainers (ToT), provide a structured infrastructure for collaboration among administrators, general educators, special educators, & related service professionals. These teams strengthened leadership & teaming capacity by using consistent protocols for cycles of inquiry & data-based decision-making. As a result, schools developed more coherent systems for analyzing needs, coordinating supports, & improving outcomes for students within a unified statewide framework.

As outlined in the SSIP Evaluation Plan, AR used a comprehensive set of monitoring tools to ensure quality assurance, track progress, & guide decision-making across SSIP implementation. Monitoring activities included analysis of instructional & assistive technology usage data (uPAR, Read&Write, and Equatio), coaching observations & Coaching Integrity Self-Assessments, Professional Learning Impact Survey results, implementation data from the ATLAS summative assessment, & Least Restrictive Environment (Indicator 5). In addition, qualitative data from Special Education Advisory Council meetings, Arkansas Collaborative Consultants meeting summaries, & other stakeholder engagement sessions were reviewed to assess implementation progress & system alignment. Together, these monitoring sources provided actionable insight into educator practice, system fidelity, & student access and outcomes, strengthening accountability, & informing continuous improvement across the statewide support system.

To drive systemic improvements, AR implemented several statewide frameworks & initiatives aligned with the SSIP Theory of Action. Improvement frameworks, such as High Reliability Schools (HRS) & AR's one grant application (AR APP) strengthened LEAs' systems of continuous improvement & supported alignment with statewide priorities. Leadership development structures, including the AAEA Special Education Administrators novice group & the LEA Pilot Project, built administrators' capacity to lead change efforts & implement coherent improvement processes. AR also continued to scale its MTSS framework, including THRIVE & BX3, which provide LEAs with structured processes for addressing behavioral & academic needs within a tiered system of support. These statewide initiatives function as core infrastructure components that enhance leadership, strengthen continuous improvement systems, & improve the coherence of supports available to LEAs across the state.

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, to increase student success in behavior & academics, with a focus on literacy.

Supported by SPDG in SSIP-targeted schools, this strategy establishes 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, AR scaled MTSS & MAP to improve student success in behavior & academics, with a focus on literacy. The SPDG team works closely with other DESE units to align PD efforts with statewide priorities. Regular meetings & structured communication protocols strengthen coordination & alignment between leadership & coaches. Additionally, collaborative processes & structures promote shared decision-making, ensuring that PD & TA are responsive to LEA needs.

A key component of this strategy was the expansion of AR's competency-based professional learning infrastructure through the continued development & implementation of micro-credentials (MCs). These MCs are aligned with DESE's PD standards & quality assurance requirements, forming a statewide system for ensuring consistent expectations for educator learning. During this reporting period, the SPDG increased the number and scope of MCs available to LEAs, strengthening the State's capacity to deliver targeted, job-embedded PD aligned with SSIP priorities. All MCs are housed on AR IDEAS, the State's virtual learning management system, which provides statewide access to PD & coaching support regardless of geographic location & enables the State to deliver & monitor training at scale. Through this infrastructure, AR is able to maintain a coherent, competency-based PD system that supports consistent implementation & sustainability across districts & schools.

Together, these two infrastructure improvement strategies strengthened AR's statewide capacity to support LEAs with coherent, data-driven, & sustainable systems of improvement. By enhancing leadership structures, refining monitoring & quality assurance processes, expanding competency-based PD systems, & aligning statewide initiatives under a unified framework, the State has built the necessary infrastructure to support effective local implementation of SSIP priorities. These improvements lay a durable foundation for advancing the SiMR, sustaining systems-change efforts over time, & scaling effective practices to additional districts across Arkansas.

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.

During this reporting period, Strategy One focused on expanding & coordinating a coherent system of support for LEAs through differentiated coaching, PD, & TA. Short-term & intermediate outcomes included strengthened leadership capacity, improved collaboration among administrators, general educators, special educators, & related service professionals, & more consistent use of data to guide schoolwide continuous improvement. These improvements increased district capacity to align policies, strengthen collaborative teaming, ensure curriculum & assessment coherence, & design systems for delivering services based on individual student needs.

This strategy produced outcomes across multiple systems framework areas, including governance, data, quality standards, & PD/TA. Collaboration with national TA centers, including NCSI's Instruction Collaborative & IDC's SSIP Data Quality Peer Group, strengthened the State's governance structures & data infrastructure. Targeted TA from NCEO supported development of a proof of concept for students participating in the AA-AAAS, improving assessment systems & informing ongoing exploration of a potential second SiMR.

Monitoring & accountability were supported through multiple evaluation tools, including MAP Needs Assessments, coaching observations, assistive & instructional technology usage data (uPAR, Read&Write, Equatio), ATLAS summative assessment results, LRE data, & documented stakeholder feedback (SEAC, ACC, & other stakeholder meetings). These data sources were used to track implementation, identify barriers, & guide continuous improvement.

The MAP Needs Assessment & coaching observations further guided school-level decision-making & 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 designing systems to deliver special education services based on student needs. These results indicate stronger continuous improvement systems & more consistent data use at both instructional & system levels.

Statewide infrastructure development was assessed using the SSIP Infrastructure Development Planning and Progress Measurement Tool. On a 1–5 scale, AR demonstrated strong capacity across competency drivers (Selection 5.0; Training 4.5; Coaching 4.5), organizational drivers (Data Systems 4.0; Facilitative Administration 5.0; Systems Intervention 5.0), and leadership drivers (Technical and Adaptive Leadership 4.0), with an overall performance assessment score of 5.0. These results validate improvements in governance, data systems, and PD/TA infrastructure & informed action planning.

Progress & outcomes were communicated regularly to SEA leadership, LEAs, ACC, SEAC, SPDG, TCFEF (the PTI center) & family stakeholders through monthly OSE meetings, monthly statewide LEA meetings, DESE leadership meetings, monthly ACC convenings, monthly SPDG Core Management Team meetings, bi-monthly Federal Programs Leadership meetings, quarterly SEAC sessions, & statewide conferences. This communication structure supported governance, strengthened coherence, increased transparency, & ensured meaningful stakeholder engagement.

Collectively, these outcomes strengthened MTSS implementation & alignment between school-level practices & statewide priorities. Strategy One directly supports achievement of the SiMR by increasing the State's capacity to support LEAs in implementing coherent, evidence-based systems that improve literacy outcomes for students with disabilities. Establishing a scalable, data-driven model of differentiated support strengthens sustainability & positions the State for continued scale-up.

Strategy Two focused on transforming personnel development through a statewide, competency-based system of PD & TA aligned with DESE initiatives. During this reporting period, outcomes were achieved across the PD/AT, governance, data systems, accountability/monitoring, & quality standards components of the systems framework.

Outcomes related to the PD/TA system included expanded access to high-quality, job-embedded PD & micro-credentials aligned with SSIP improvement efforts. Surveys & evaluations documented significant growth in educator capacity, including a 99% increase in educator self-efficacy related to improving outcomes for students with disabilities. These findings indicate that the PD system is effectively building educator knowledge & skill necessary to improve literacy instruction aligned with the SiMR.

Governance, accountability, & data system outcomes were assessed through the SISEP State Capacity Assessment (SCA) & the SSIP Infrastructure Development Planning and Progress Measurement Tool. The SCA demonstrated strong statewide capacity across Leadership (100%), Infrastructure and Resources (100%), Communication and Engagement (94%), with an overall score of 98%, reflecting aligned governance structures & communication processes supporting statewide PD efforts. Infrastructure Tool results further validated progress across competency drivers (Selection 5.0; Training 4.5; Coaching 4.5) and organizational drivers (Data Systems 4.0; Facilitative Administration 5.0; Systems Intervention 5.0), confirming strong enabling conditions for high-quality implementation.

Housing MCs on AR IDEAS strengthened data & monitoring systems by enabling statewide tracking of participation, progress, & proficiency. Combined PD, TA, & coaching efforts resulted in 96% of educators meeting proficiency targets & 85% implementing state-supported practices with fidelity, demonstrating consistent quality standards for educator learning.

Stakeholder feedback collected through MC completion reports, coaching feedback, surveys, & administrator communication informed continuous refinement of PD offerings. Progress & outcomes were shared with SEA leadership, LEAs, ACC, the SPDG Core Management Team, Federal Programs leadership, & SEAC, reinforcing transparency & shared accountability.

Collectively, these outcomes demonstrate that Strategy Two supports achievement of the SiMR by strengthening educator implementation of evidence-based literacy practices, sustainability by embedding competency-based expectations within a coherent statewide PD system, & scale-up by leveraging standardized MCs, coaching structures, & statewide data systems. This infrastructure positions AR to continue expanding effective practices while maintaining fidelity & impact across LEAs.

Did the State implement any new (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.

During the next reporting period, AR will build on progress made through its two infrastructure improvement strategies by strengthening statewide systems for data use, leadership, monitoring, & PD. Planned improvements are designed to expand the State's capacity to support LEAs, improve coherence across DESE initiatives, & directly contribute to improved literacy outcomes for students with disabilities in alignment with the SiMR.

Strategy one will continue to strengthen statewide systems of support, governance, & data infrastructure to enhance AR's capacity to provide coherent, differentiated assistance to LEAs. AR will expand participation in the MAP Project & the ToT model, reinforcing consistent teaming protocols, cycles of inquiry, & data-based decision-making across schools. Expanded coaching, leadership support, & TA will strengthen the capacity of administrators, general educators, special educators, & related service professionals to coordinate support & implement schoolwide systems aligned with statewide priorities.

These efforts will promote the development of collaborative goals & more innovative service-delivery models, increasing students' access to high-quality core instruction & opportunities for meaningful participation in the least restrictive environment (LRE). AR anticipates improved LEA capacity to support implementation of evidence-based practices within MTSS, resulting in more consistent support for students with disabilities. By the next reporting period, students are expected to demonstrate moderate to high growth on statewide literacy assessments & increased LRE participation aligned with SSIP priorities.

AR will also strengthen statewide governance, monitoring, & collaboration structures. Stakeholder engagement processes & feedback loops will be streamlined to support ongoing refinement of support strategies. Cross-departmental collaboration among DESE, OSE, SPDG, ACC, TCFEF, SEAC, & national TA providers will be strengthened to improve alignment across educator support systems & family engagement structures.

Integration of statewide initiatives will further enhance Strategy One. The K–3 ATLAS Screener & K–2 interim and summative assessments will provide early, actionable literacy & foundational skills data, improving the State's ability to identify needs & support targeted interventions within MTSS. AR will also implement its updated accountability formula, which prioritizes achievement, growth, & readiness and aligns with the SSIP's focus on literacy outcomes for grades 3–5. These shifts will allow DESE to more accurately identify district needs, provide differentiated supports, & monitor progress through improved & aligned data systems.

Additionally, DESE will support districts in implementing new Third Grade Promotion requirements under the LEARNS Act by providing TA & guidance. This support will help districts align MTSS structures, develop Individualized Reading Plans (IRPs), use diagnostic data effectively, & implement family communication protocols. These supports will promote consistent early identification & intervention practices, directly contributing to improved literacy outcomes.

By the next reporting period, AR anticipates improved statewide system alignment reflected through gains on the SCA, stronger school leadership teams, more consistent use of data for decision-making, & increased capacity to support literacy outcomes for students with disabilities in grades 3–5, in alignment with the SiMR.

Strategy Two will continue to strengthen AR's statewide PD & TA infrastructure by expanding competency-based learning systems & aligning PD with statewide literacy & data initiatives. During the next reporting period, the SPDG will broaden access to MCs through AR IDEAS, increase the number of MCs aligned with statewide priorities, & strengthen coaching structures that support educators in applying new learning within schoolwide systems. These enhancements will build educator & administrator capacity while sustaining a scalable, data-driven PD system across the State.

DESE will strengthen communication & feedback mechanisms by using educator surveys, coaching observations, & MC proficiency reports to refine PD content & delivery. By the next reporting period, AR anticipates measurable improvements in educator proficiency, including increased MC enrollment & completion, increased educator confidence in supporting individual learners, & more consistent implementation of evidence-based instructional strategies across school systems.

These advancements will reinforce the statewide PD infrastructure, support sustainability & scale-up, & contribute directly to improved literacy outcomes for all learners. As the PD & TA systems expand, AR expects to see measurable progress in student literacy outcomes reflected in statewide growth & achievement data aligned to the SiMR.

These improvements are expected to translate into moderate to high growth scores on statewide literacy assessments, consistent with expectations outlined in the SSIP Theory of Action, Logic Model, & SiMR. The SSIP Logic Model is available 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 (HLPs): The following HLPs were selected as instructional EBPs implemented directly with students during the reporting period:

- **Collaborating with Colleagues to Increase Student Success (HLP 1)
- **Collaborating with Families to Support Student Learning and Secure Needed Services (HLP 3)
- **Consistent, Organized, Respectful Learning Environment (HLP 7)
- **Provide Scaffolded Supports (HLP 15)
- **Use Explicit Instruction (HLP 16)
- **Using Assistive and Instructional Technologies (HLP 19)

Universal Design for Learning (UDL): Instructional application of UDL principles to reduce and increase access to grade-level literacy instruction

Strategic Instructional Model (SIM™): Explicit cognitive and metacognitive instructional routines implemented with students to improve literacy comprehension, organization, and expression.

Instructional and Leadership Coaching: Coaching is included as an evidence-based implementation practice that supports accurate, sustained use of instructional EBPs.

Provide a summary of each evidence-based practice.

High Leverage Practices (HLPs), defined by the Council for Exceptional Children, are a set of foundational, research-based instructional, behavioral, & collaboration practices shown to improve academic & behavioral outcomes for students with disabilities. HLPs are designed to be learnable, doable, & implemented by both novice & experienced general & special educators applicable across grade levels & content areas. To maximize their

effectiveness, HLPs are best utilized within a tiered system of support, where decision-making is informed by data to address individual student needs & ensure access to consistent, high-quality instruction within the classroom. Within Arkansas's SSIP, selected HLPs emphasize explicit instruction, scaffolded supports, collaboration with colleagues and families, structured learning environments, and the use of assistive and instructional technologies. These practices are implemented within general education classrooms and special education settings as part of daily instruction.

Universal Design for Learning (UDL) is a scientifically validated instructional framework recognized in ESSA that guides educators in designing instruction that accounts for learner variability. UDL is organized around three core principles: multiple means of engagement, representation, and action and expression. The framework emphasizes proactive instructional design & the use of flexible methods, materials, and assessments to support access to grade-level content for all learners, including students with disabilities.

The Strategic Instructional Model (SIM™) is a research-based framework of cognitive & metacognitive instructional routines designed to support students who experience difficulty with academic tasks. SIM™ includes explicit strategies that help students acquire skills, organize information, and demonstrate understanding. Its structured routines promote comprehension, independent learning, and the development of executive functioning skills. SIM™ has a strong research base demonstrating effectiveness for improving reading comprehension, written expression, and content learning, particularly for students with disabilities.

Instructional and leadership coaching is an evidence-based implementation practice in which trained coaches partner with educators & school leaders through job-embedded cycles of observation, modeling, feedback, & reflection. Coaching focuses on supporting educators' use of instructional evidence-based practices & supporting leaders in establishing systems, structures, & routines that enable implementation. Within the SSIP, coaching is delivered in alignment with statewide expectations & is used as a structured support to guide implementation of instructional practices.

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's SSIP is designed to increase meaningful access to high-quality, grade-level literacy instruction in the least restrictive environment & to improve reading outcomes for students with disabilities in grades 3–5. The selected EBPs (HLPs, UDL, SIM™, & coaching) implemented during the reporting period were supported through aligned state initiatives, professional learning systems, technical assistance, & coaching structures. Supporting activities & strategies, including MTSS, HQIM, job-embedded PD, & statewide initiatives (MAP, ToT, MTSS, SPDG), were intentionally designed to strengthen & sustain educators' use of these EBPs & directly contribute to achievement of the SiMR.

DESE integrates HLPs into statewide PD, MCs, coaching, & guidance to promote consistent use of evidence-based instructional, collaboration, & accessibility practices. Districts & schools increasingly embed HLPs into observation tools, PLC protocols, accessibility procedures, & continuous improvement systems. Educators strengthen their use of explicit instruction (HLP 16), scaffolded supports (HLP 15), & co-planning routines (HLP 1), while incorporating assistive & instructional technology (uPAR, Read&Write, & Equatio) aligned with HLP 19 to reduce instructional barriers & increase meaningful access to literacy instruction. Families experience clearer communication (HLP 3) & increased understanding of instructional tools used to support reading. As educators consistently implement HLPs, students with disabilities gain increased access to more coherent, high-quality grade-level literacy instruction & demonstrate improved reading proficiency & growth aligned to the SiMR.

DESE further strengthened structured collaboration (HLPs 1 and 3) through statewide PD initiatives (MAP, ToT, SPDG) & coaching aligned with teaming protocols & data routines. Districts & schools adopt procedures that formalize collaborative planning, shared data review, & alignment of instruction, interventions, & accommodations across settings. Educators & related service professionals use consistent teaming processes to align core literacy instruction & supports, while families benefit from clearer communication, shared goal development, & more coordinated instructional planning. Improved collaboration increases instructional coherence and continuity, resulting in stronger literacy supports and higher student growth aligned to the SiMR.

DESE embeds UDL into PD, coaching, instructional guidance, & HQIM implementation to strengthen district & school procedures for accessible lesson design, instructional planning, flexible learning environments, & selection of materials aligned with UDL & SoR. Educators apply UDL principles by offering multiple means of engagement, representation, & action/expression within literacy instruction. These practices reduce instructional barriers & increase meaningful participation in grade-level content for students with disabilities. Families observe more responsive instructional approaches & increased access to learning. Through these supports, UDL implementation influences district instructional expectations, strengthens educator practices related to accessibility and flexible instruction, and increases students' access to grade-level literacy content, directly contributing to improved reading outcomes aligned with the SiMR.

Through statewide PD & coaching (THRIVE, BX3, MAP, ToT, SPDG), DESE supports districts & schools in implementing MTSS with fidelity. Policies & procedures are strengthened through improved screening processes, progress-monitoring routines, intervention protocols, & team-based problem-solving structures. Educators use data more consistently to match instruction & interventions to student needs & adjust literacy supports based on progress. Families experience clearer communication regarding student needs, interventions, & ongoing progress. As MTSS implementation improves, students with disabilities receive timely, targeted literacy supports, resulting in increased reading growth and improved outcomes aligned with the SiMR.

DESE supports SIM™ implementation through statewide PD & job-embedded coaching that strengthen expectations for explicit strategy instruction & metacognitive routines. Educators implement structured cognitive & organizational strategies that support reading comprehension, written expression, & executive functioning. District practices increasingly reflect consistent expectations for strategy instruction within literacy classrooms. Families observe increased student independence & confidence with literacy tasks. Students with disabilities benefit from predictable, explicit instructional routines that improve comprehension & contribute to progress toward SiMR outcomes.

DESE integrates instructional & leadership coaching into statewide initiatives to support consistent implementation of literacy EBPs. Coaching strengthens district & school practices by reinforcing teaming routines, cycles of inquiry, & fidelity monitoring. Educators refine instructional practices through modeling, observation, feedback, & reflection, resulting in more accurate & consistent use of evidence-based literacy strategies. Leadership coaching supports administrators in establishing systems that sustain effective instruction, including aligned schedules, data routines, & intervention structures. By strengthening fidelity of implementation, coaching improves instructional consistency, supports clearer communication with families, & increases the likelihood that students with disabilities experience high-quality literacy instruction that leads to improved SiMR outcomes.

Together, these EBPs & the strategies that support their use function as a coherent system for strengthening instructional practice, improving district & school procedures, enhancing family engagement, elevating educator effectiveness, & increasing access to high-quality literacy instruction for students with disabilities. By aligning policy, PD, & classroom practice within a unified statewide framework, DESE ensures that districts, schools, & educators can implement EBPs with fidelity & sustain them over time, leading to measurable improvements in reading outcomes for students with disabilities in grades 3–5 aligned to the SiMR.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

DESE collects fidelity of implementation data that directly measure educators' use of EBPs in classroom settings. Fidelity data focus on whether instructional EBPs are implemented as intended & with sufficient quality to produce improved literacy outcomes for students with disabilities. These data are collected through structured classroom observations, review of instructional artifacts, & implementation rubrics aligned to each identified EBP. Fidelity results are analyzed at the educator, school, district, & state levels to assess changes in instructional practice over time & to examine the relationship between implementation fidelity and SiMR outcomes.

Fidelity of HLP implementation is measured using standardized, classroom-based criteria jointly developed by the SPDG and DESE Educator Effectiveness teams. These criteria define observable indicators for instructional HLPs prioritized within the SSIP, including explicit instruction (HLP 16), scaffolded supports (HLP 15), collaborative instructional routines (HLPs 1 and 3), and integration of assistive and instructional technology (HLP 19). Educators submit classroom-level evidence of implementation, including lesson plans, observation artifacts, & student work samples, which are scored against established fidelity criteria to determine whether practices are implemented as intended. Fidelity data are analyzed at the educator, school, district, & state levels to identify strengths, determine areas in need of additional instructional support, & guide refinements to statewide implementation priorities. In addition, increased student use of accessibility tools such as Read&Write and uPAR serves as evidence of educator practice change related to HLP 19. Students access these tools when educators explicitly integrate them into daily literacy instruction. SSIP-supported schools demonstrated higher rates of student tool use compared to non-SSIP schools, reflecting stronger fidelity of implementation & improved access to grade-level text.

Through these fidelity processes, DESE ensures that HLPs are implemented accurately & consistently while using results to inform continuous improvement & scaling decisions across the system. In this reporting period, 82% of educators demonstrated fidelity of implementation on first attempt or following initial coaching/feedback, indicating strong alignment to instructional expectations.

UDL fidelity is monitored through classroom observations & educator-submitted instructional artifacts scored against criteria aligned to the UDL principles of engagement, representation, and action/expression. Observations focus on lesson design, instructional delivery, & assessment practices that reduce barriers & increase access to grade-level literacy content. Fidelity data are analyzed to assess the degree to which educators embed multiple means of engagement, representation, & expression into daily instruction. Results are used to track improvement in accessible instructional design & to provide targeted feedback to educators. During this reporting period, 90% of educators demonstrated fidelity of UDL implementation on the first attempt or following initial coaching support.

Fidelity of SIM™ implementation is measured through classroom observations & review of educator artifacts, including content enhancement routines, instructional strategy steps, lesson plans, & student work samples. Observations document whether SIM™ routines are delivered as designed & whether students demonstrate the intended cognitive & metacognitive behaviors during literacy instruction. Fidelity data are reviewed with educators to support refinement of instructional delivery & are aggregated to monitor consistency of SIM™ implementation across classrooms and grade levels.

Fidelity of instructional practices (HLPs, UDL, SIM™) within MTSS is monitored through classroom observations & artifact review related to delivery of tiered literacy instruction & interventions. Evidence includes documented instructional routines, progress-monitoring practices used during instruction, & alignment of instruction to identified student needs. Fidelity data are used to assess whether educators deliver instruction & interventions with sufficient intensity, alignment, & consistency to support literacy growth for students with disabilities.

Fidelity of instructional & leadership coaching is monitored using structured observations, coaching documentation, & the Coaching Integrity Rubric, which measures adherence to the core components of the coaching model, including observation, modeling, feedback, reflection, & goal setting. Coaches document evidence from coaching cycles to verify that coaching is delivered as designed & aligned to statewide expectations. Fidelity data are reviewed at the state level to ensure consistency in coaching practice & to identify areas for refinement or additional support. In addition, evidence of educator practice change following coaching, including increased fidelity of instructional HLPs and UDL practices & increased student use of accessibility tools such as Read&Write and uPAR, is used to assess the impact of coaching on implementation of instructional EBPs. During this reporting period, 81% of coaches demonstrated developing to sustaining levels of implementation fidelity, indicating strong adherence to the coaching model & its role in supporting accurate, sustained use of EBPs.

Across all EBPs, DESE collects fidelity data through evidence submissions, structured observations, statewide monitoring tools, & classroom-level evidence. Together, these fidelity measures allow the State to monitor & verify whether EBPs are implemented as intended, inform instructional support decisions & examine the relationship between fidelity of implementation & literacy outcomes aligned to the SiMR.

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 implementation fidelity data, AR collected multiple sources of progress monitoring, capacity, stakeholder, & outcome data to support the continued use & scaling of SSIP-aligned EBPs. These data demonstrate system improvement, increased educator capacity, & positive student outcomes aligned with the SiMR & inform sustainability & scale-up decisions.

Progress monitoring data from the MAP Needs Assessment & coaching reflections showed consistent growth across all SSIP schools. Schools improved alignment of policies & practices, collaborative teaming, curriculum coherence, instructional planning, IEP development, & systems for delivering special education services based on student need. All SSIP schools (100%) demonstrated measurable growth from fall to spring, confirming the effectiveness of MTSS routines, MAP-supported teaming structures, & job-embedded coaching in strengthening instructional systems that support literacy outcomes.

System-level capacity data further support continuation of EBPs. Results from the SSIP Infrastructure Development Planning & Progress Measurement Tool showed strong performance across competency drivers (Selection 5.0; Training 4.5; Coaching 4.5), organizational drivers (Data Systems 4.0; Facilitative Administration 5.0; Systems Intervention 5.0), and leadership drivers (Technical and Adaptive Leadership 4.0), with an overall performance rating of 5.0. Similarly, the SCA demonstrated strong capacity across Leadership (100%), Infrastructure & Resources (100%), Communication & Engagement (94%), with an overall score of 98%. These findings validate the strength & sustainability of the statewide systems supporting EBPs.

MTSS progress & system functioning are monitored through the MAP Needs Assessment, which requires submission of concrete evidence of implementation, including schedules, intervention plans, progress monitoring logs, & team meeting documentation. Coaching observations verify educator use of data, intervention matching, & team-based problem solving, as well as leadership actions that support classroom implementation. Fidelity data are reviewed with school teams throughout the year to refine intervention systems, strengthen teaming routines, & improve data-based instructional decision-making.

Additional data on educator learning were collected through surveys & feedback mechanisms. The Educator Self-Efficacy Survey showed that 99% of educators reported increased confidence in improving outcomes for students with disabilities. The Professional Learning Impact Survey indicated that 93% rated their knowledge & abilities related to training targets as average or above average. MC feedback further reinforced the value of competency-based learning, with 100% of respondents indicating they would recommend the MC to a colleague & that required artifacts reflected essential instructional skills; 96% agreed expectations were clear & resources were sufficient to support their learning. These data support continued investment in job-embedded PD & coaching as strategies for sustaining EBPs.

Data related to HLP 19 (assistive & instructional technology) provide particularly strong evidence of direct impact on student outcomes. Available usage data from uPAR and Read&Write in SSIP-supported schools indicate that approximately 2,312 students demonstrated improved comprehension through read-aloud supports, & approximately 5,640 students accessed grade-level or above-grade-level text using assistive technology accommodations. These outcomes reflect meaningful changes in educator practice & illustrate how implementation of HLP 19 increases access to grade-level literacy content aligned with the SiMR.

Family engagement data further support continuation of EBPs related to collaboration & accessibility. In partnership with SSIP and SPDG, TCFEF provided in-person & virtual training to 70 families of children with disabilities. Survey results indicated high levels of satisfaction & increased capacity: 97% reported the information met their needs, 100% reported the content was clearly presented, 97% reported increased confidence in collaborating with educators, & 93% reported using the provided resources. Family feedback informed revisions to materials & expanded engagement strategies.

Ongoing stakeholder engagement data also informed refinement & continuation of EBPs and SSIP improvement strategies. Quarterly SEAC meeting notes, monthly ACC summaries, & feedback from AAEA Special Education Administrators were reviewed to identify implementation successes, challenges, & needed supports. This input informed adjustments to guidance documents, PD priorities, communication strategies, & targeted supports for districts, ensuring EBPs remain responsive to local needs.

Placement data aligned to Indicator 5A further demonstrate positive system-level outcomes. During the reporting period, 59% of SSIP-targeted schools achieved an LRE rate of 80% or higher, indicating increased access to general education settings. These trends suggest that EBPs, particularly HLPs, UDL, MTSS, and coaching, are increasing students' access to grade-level instruction in general education environments & supporting learning conditions that promote literacy growth.

Through the AR App, AR reviews district improvement plans to ensure HQIM selections & related PD align with state expectations. All SSIP schools met Priority 1 requirements during this reporting period. HQIM fidelity is monitored through coaching observations & review of instructional artifacts, including lesson plans & student tasks, to verify alignment to SoR & use of embedded scaffolds. Findings inform instructional adjustments, PD needs, & schoolwide literacy practices.

Fidelity of job-embedded PD focused on EBPs is monitored using the High-Quality Professional Development (HQPD) Checklist-3, which includes 21 evidence-based adult learning indicators. During this reporting period, 100% of PD sessions demonstrated full alignment, indicating strong adherence to research-based expectations. Fidelity of MCs is measured using the State's Quality Assurance Standards (QAS), which ensure clear alignment to EBPs, rigorous assessment of artifacts, & consistent scoring procedures. All DESE MCs (100%) met or exceeded QAS criteria, demonstrating high-quality, competency-based learning experiences. Fidelity results from the HQPD & QAS reviews inform refinements in PD content, evidence requirements, & coaching supports.

Collectively, these additional data sources demonstrate strong system capacity, positive educator outcomes, increased family engagement, & clear student-level benefits, particularly in access to grade-level literacy content. These findings support the continued use, refinement, & scaling of SSIP-aligned EBPs to advance progress toward the SiMR.

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 (HLPs): DESE will expand the use of HLPs by increasing PD & MC offerings, including new MCs focused on Using Multiple Sources of Information to Understand Student Strengths and Needs (HLP 4) & Using Flexible Grouping (HLP 17). These EBPs will strengthen educators' use of data to inform instructional decisions, increase student engagement, & provide meaningful opportunities for students to interact with peers while meeting learning goals. HLPs will remain embedded in observation tools, PLC structures, & continuous improvement routines. Additional guidance & resources will strengthen fidelity of HLP and UDL implementation within MTSS by clarifying instructional expectations & supporting consistent delivery of these practices through HQIM, resulting in coherent, grade-level literacy instruction across settings. Through the HLP 4 MC, DESE will directly support educators in using K–3 screening data & Individual Reading Plans (IRPs), as required under the LEARNS Act, to analyze student strengths & needs, inform instructional planning, & strengthen collaboration with families. By the next reporting period, educators are expected to demonstrate stronger fidelity in implementing HLPs, including collaboration with colleagues (HLP 1) & families (HLP 3), explicit instruction (HLP 16), scaffolded supports (HLP 15), organized learning environments (HLP 7), assistive and instructional technology (HLP 19), using multiple sources of data (HLP 4), & flexible grouping (HLP 17), resulting in more consistent, data-informed instructional decisions. Students with disabilities are expected to experience increased access to explicit, coherent, grade-level literacy instruction & continued improvement in reading outcomes aligned to the SiMR.

Universal Design for Learning (UDL): During the next reporting period, DESE will strengthen implementation of UDL by updating statewide PD & MCs to align with the UDL Guidelines 3.0 & the updated UDL goal of developing learner agency. These updates will clarify instructional expectations for designing flexible literacy lessons that proactively reduce barriers & increase meaningful access for students with disabilities. PD & MCs will emphasize educator use of multiple means of engagement, representation, & action/expression during instruction, including consistent application of UDL principles through HQIM. By the next reporting period, educators are expected to demonstrate stronger fidelity in applying UDL aligned instructional routines, resulting in increased student engagement, improved access to grade-level literacy content, & expanded opportunities for students with disabilities to demonstrate understanding in multiple ways. These outcomes are expected to contribute to continued progress toward the SiMR.

Strategic Instructional Model (SIM™): DESE will continue expanding access to SIM™ Content Enhancement Routines & Learning Strategies through in-person, virtual, & job-embedded PD supported by coaching. Ongoing integration of SIM™ co-teaching practices (co-planning, co-instructing, co-assessing) will strengthen alignment between core instruction & specially designed instruction. By the next reporting period, general & special educators are expected to demonstrate increased consistency & accuracy in implementing SIM™ routines to support literacy comprehension, organization, & expression. Students with disabilities are expected to benefit from clearer instructional routines, improved comprehension, & increased access to grade-level literacy content, resulting in measurable progress aligned to the SiMR.

Instructional and Leadership Coaching: DESE will continue scaling instructional & leadership coaching as an evidence-based implementation practice to support accurate, sustained use of instructional EBPs. Coaching will remain aligned to statewide expectations & focused on supporting educators' classroom implementation of HLPs, UDL, & SIM™, as well as supporting leaders in establishing systems, structures, & routines that enable implementation.

By the next reporting period, educators are expected to demonstrate more consistent & accurate implementation of EBPs, supported through job-embedded coaching cycles. Leadership teams are expected to strengthen data routines, instructional coherence, & support structures that sustain effective literacy instruction. As coaching expands, more districts will receive embedded support, contributing to improved literacy outcomes for students with disabilities & continued progress toward the SiMR.

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.

Evaluation data strongly support AR's decision to continue implementing the SSIP without modification. SiMR results show that SSIP-targeted schools have consistently exceeded literacy growth expectations across multiple reporting cycles, demonstrating that current improvement strategies are producing positive outcomes in reading for students with disabilities in grades 3–5. These results confirm the effectiveness of the SSIP Theory of Action, which emphasizes systems alignment, leadership capacity, instructional coherence, & fidelity of EBPs to improve literacy achievement.

Evaluation findings further indicate strong & improving fidelity of implementation for instructional EBPs. During this reporting period, 82% of educators met fidelity expectations for HLPs & 90% met fidelity expectations for UDL following observation, coaching, & feedback. These fidelity outcomes demonstrate that educators are accurately implementing instructional & accessibility practices, contributing directly to improvements in instructional quality, literacy access, & student engagement. In addition, all SSIP schools (100%) showed improvement from fall to spring on MAP Needs Assessment ratings, reflecting strengthened teaming routines, effective data use, intervention delivery, & schoolwide systems. Coaching integrity results, with 81% of coaches performing at developing to sustaining levels, further confirm consistent delivery of high-quality, job-embedded coaching across districts.

Infrastructure & capacity data reinforce that SSIP implementation is stable, scalable, & functioning as intended. Results from the SSIP Infrastructure Development Tool & the SCA demonstrate strong performance across implementation drivers, technical & adaptive leadership, data systems, & facilitative administration. These measures confirm that statewide systems supporting the SSIP are fully implemented & capable of sustaining improvement without modification.

Stakeholder engagement data further support the continuation of the SSIP as designed. Ongoing feedback from the SEAC, ACC, AAEA, TCFEF, ToT participants, & MAP school teams confirms that SSIP priorities remain well-calibrated to LEA, educator, & family needs. Stakeholders consistently report that SSIP strategies strengthen teaming structures, instructional planning routines, literacy supports, communication, & meaningful access to grade-level instruction for students with disabilities.

The quality of job-embedded professional learning also supports continuation without modification. Fidelity of PD is monitored using the High-Quality Professional Development (HQPD) Checklist-3, which includes 21 evidence-based adult learning indicators. During this reporting period, 100% of observed PD sessions demonstrated full alignment to HQPD criteria. Fidelity of MCs is monitored through the State's Quality Assurance Standards (QAS), with 100% of MCs meeting or exceeding quality expectations. Results from HQPD & QAS reviews are used to refine PD content, strengthen evidence requirements, & adjust coaching supports, ensuring that PD leads to meaningful & sustained changes in educator practice.

Taken together, SiMR performance data, fidelity measures, infrastructure & capacity results, PD quality indicators, & stakeholder feedback provide a comprehensive set of evidence that the SSIP is meeting both short- and long-term outcome expectations. Given that the SSIP is operating as predicted in the Evaluation Plan, Logic Model, & Theory of Action & is producing measurable, positive outcomes for students with disabilities, AR will continue implementation of the SSIP without modification.

Section C: Stakeholder Engagement

Description of Stakeholder Input

AR employs a comprehensive, multi-layered approach to stakeholder engagement to ensure authentic, reciprocal input that informs every phase of SSIP development, implementation, evaluation, & continuous improvement. Engagement occurs through standing advisory councils, statewide initiatives, family-centered partnerships, & structured project-based feedback cycles. Stakeholder input is gathered through recurring quarterly & monthly meetings,

annual conferences, targeted webinars, focus groups, surveys, coaching debriefs, & structured data-review sessions. Virtual platforms & accessibility supports are used to ensure broad participation, including remote attendance options, flexible scheduling, & multiple modes for providing input. Stakeholder participation, demographic information, & feedback trends are documented to ensure diverse voices inform decision-making & that stakeholders serve as true thought-partners in data analysis, planning, implementation, & evaluation.

Across all stakeholder groups, the OSE maintains continuous communication by sharing meeting notes, data summaries, SSIP updates, & follow-up actions through email distribution lists, virtual platforms, webinars, in-person meetings, & statewide convenings. These communication structures ensure transparency & allow stakeholders to clearly see how their input informs SSIP refinements, initiative alignment, & implementation decisions.

To ensure initial & ongoing diverse representation, AR formed a broad stakeholder group in 2021 to complement the Special Education Advisory Council (SEAC). Invitations were extended to 46 individuals representing all five regions of the state, a range of racial/ethnic backgrounds, & both male and female representation. The group included parents, related service providers, early childhood providers & coordinators, special education directors, general & special educators, superintendents, administrators, & state agency personnel. These stakeholders joined SEAC, OSE leadership, & TA providers in webinars & facilitated breakout sessions focused on indicator target setting, data analysis, & strategy development & they continue to provide reciprocal feedback that informs SSIP refinement.

SEAC serves as the state's primary standing advisory body for SSIP engagement. Quarterly meetings (January, April, July, October) are used to review SPP/APR targets, SSIP implementation progress, & evaluation data. Fifty-five percent of SEAC members are parents of students with disabilities and/or individuals with disabilities. Membership includes 10 parents, 2 advocates, and representatives from state protection and advocacy agencies, PTIs, local school administrators, Title I, private schools, higher education, and relevant state agencies such as Juvenile Justice, Labor (Vocational Rehabilitation), Corrections, and Family & Children's Services. SEAC members analyze data, reflect on implementation successes & challenges, engage in structured problem-solving, & make recommendations that directly inform SSIP priorities, data use, & implementation refinements.

TCFEF serves as the SPDG Family & Community Liaison & plays a critical role in gathering family perspectives for the SSIP. During this reporting period, SPDG & TCFEF hosted in-person & virtual family training sessions attended by 70 parents of students with disabilities. These sessions included resource binders & structured opportunities for families to provide feedback. TCFEF also collects statewide family input through meetings, phone calls, webinars, social media engagement, surveys, & advocacy requests. This input is used by OSE, SPDG, & SSIP teams to refine training materials, develop new resources, & strengthen strategies that support effective family-school partnerships.

The MAP Project provides structured, recurring input from participating districts & schools, key stakeholders contributing to Indicators 5 and 17. MAP schools participate in feedback cycles three times a year (fall, mid-winter, spring) to analyze implementation successes & challenges, fidelity data, student outcomes, & coaching needs. These cycles ensure that educator perspectives directly shape refinements to SSIP strategies, EBPs, MTSS implementation, leadership practices, & meaningful access efforts.

OSE also collaborates closely with the AAEEA Special Education Administrators group. During this reporting period, novice administrators (years 1–3) provided targeted feedback on implementation challenges, leadership development needs, & PD priorities. This input is used to strengthen statewide planning, data analysis, leadership supports, & alignment of SSIP improvement efforts.

The ToT initiative provides statewide training & implementation support to district & school teams & collects large-scale educator input through fall & spring surveys. More than 1,200 general educators, special educators, related service professionals, & support staff responded during this reporting period, offering insights into EBP implementation, accessibility of core instruction, service delivery, & implementation barriers. Survey findings reviewed with SEAC & OSE leadership are used to refine statewide PD, adjust TA, & strengthen alignment across agency initiatives.

The ACC serves as a critical stakeholder structure for statewide TA & implementation support. Approximately 100 consultants participate in the annual ACC Fall Convening, & 15 team leads participate in monthly ACC Director meetings. The ACC teams collaborate with districts across all 75 counties & provide ongoing input related to SSIP targets, data trends, family engagement, & implementation challenges. Feedback from these meetings informs refinements in TA delivery, performance measures, & implementation supports. Notes from monthly Director meetings are shared across consultant teams to sustain communication & statewide transparency.

The annual Arkansas School-Based Therapy Conference provides a forum for stakeholder input from special education administrators, general & special educators, occupational therapists, physical therapists, & speech-language pathologists. More than 500 stakeholders participated during the reporting period. Feedback from these stakeholders informed flexibility in scheduling & service delivery models, MTSS supports, collaborative teaming expectations, & implementation of EBPs. This input also informed SSIP PD priorities, resource development, & implementation expectations connected to literacy outcomes aligned with the SiMR.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

AR implemented multiple intentional strategies to ensure stakeholders were meaningfully engaged in key SSIP improvement efforts. These strategies were designed to facilitate shared decision-making, align statewide initiatives, allocate resources responsively, measure progress collaboratively, disseminate findings, & celebrate successes. Engagement structures emphasized recurring interaction, transparent communication, & reciprocal feedback to sustain meaningful stakeholder partnerships.

The OSE engaged SEAC, district leaders, educators, related service providers, families, & community partners through recurring, structured meeting cycles. These included quarterly SEAC meetings, monthly LEA meetings, monthly ACC Director Meetings, MAP project coaching cycles, & statewide ToT sessions. Meetings were conducted using a combination of in-person & virtual formats to maximize access. Structured agendas, facilitated discussions, data reviews, & documented action items were used to elicit stakeholder input. These forums provided regular opportunities for stakeholders to review SSIP data, review implementation progress, & recommend adjustments to improvement strategies. Input from these sessions directly informed decisions related to literacy priorities, MTSS supports, HLP integration, school teaming expectations, & allocation of TA, PD, coaching, & family engagement resources.

MAP Project schools participated in structured fall, mid-winter, & spring feedback cycles as a primary strategy for collecting school-level input. Data were gathered through facilitated reflection meetings, MAP Needs Assessment evidence submissions, coaching debriefs, & structured discussion protocols

with school leadership & instructional teams. These sessions focused on implementation successes, barriers, fidelity data, coaching needs, & system conditions impacting literacy instruction. Findings were reviewed with school teams & OSE to support collaborative problem-solving & informed statewide refinements to PD plans, coaching priorities, & alignment across MTSS, teaming structures, & literacy supports.

ToT served as a statewide strategy for collecting large-scale educator input. DESE administered fall & spring surveys to all staff in participating schools, with more than 1,200 administrators, general educators, special educators, paraprofessionals, support staff, & related service providers responding during the reporting period. Surveys captured perceptions of EBP implementation, accessibility of core instruction, barriers to implementation, & PD needs. Survey findings were analyzed & reviewed with SEAC, OSE leadership, & ACC & were used to refine statewide PD, revise implementation tools, adjust coaching supports, & guide SSIP planning & resource allocation.

The ACC Fall Convening & monthly ACC Director Meetings (both in person) were used as structured strategies to gather TA provider input. During these meetings, facilitated discussions, breakout sessions, & feedback protocols were used to solicit input on district implementation challenges, coaching needs, PD priorities, & system barriers observed across the field. ACC feedback directly informed revisions to TA protocols, alignment of consultant practices, PD topics, & statewide implementation priorities to ensure consistent & effective SSIP support across all 75 counties.

OSE engaged AAEA Special Education Administrators through annual in-person meetings & virtual sessions to collect leadership-level input. Structured discussions & facilitated conversations were used to gather feedback on special education implementation, leadership needs, & alignment of SSIP initiatives with district systems. This input informed refinements to statewide resources, adjustments to PD content, & improvements in the supports provided to novice special education administrators. These refinements increased leadership capacity & strengthened coherence of SSIP implementation across districts.

SPDG & TCDEF used multiple strategies to engage families as partners in SSIP improvement efforts. These included in-person & virtual family training sessions, facilitated feedback discussions, surveys, phone calls, & follow-up communication. During the reporting period, 70 families participated in structured SPDG–TCDEF training sessions that included resource binders & guided opportunities to provide input. Family feedback informed revisions to training materials, development of new resources, & refinement of family-school partnership strategies aligned with SSIP priorities.

Throughout the reporting period, OSE employed multiple communication methods, including email listservs, newsletters, Commissioner's Memos, & statewide convenings to ensure transparency. Stakeholders received clear updates on how their feedback informed SSIP decisions & implementation refinements, reinforcing trust, ownership, & continued engagement. Stakeholder input directly guided DESE's allocation of TA, PD, coaching, MCs, & family engagement resources. Field feedback resulted in expanded onsite coaching through ToT & additional implementation supports for EBPs. These adjustments ensured that SSIP resources were responsive to district needs & grounded in real implementation conditions. To support joint problem-solving, DESE routinely shared SiMR progress, fidelity data, MAP Needs Assessment results, & survey findings with SEAC, LEAs, ACC, & other partners. Stakeholders analyzed trends, identified root causes, & recommended mid-course adjustments, ensuring SSIP refinements remained responsive, evidence-based, & aligned to district, school, & educator priorities & needs.

DESE intentionally celebrated progress & shared results with stakeholders at statewide events including the DESE Summit, ACC Fall Convening, LEA Academy, & School-Based Therapy Conference. Schools demonstrating strong literacy growth, effective MTSS implementation, collaboration practices, innovative service delivery, or family engagement were highlighted publicly, reinforcing a shared commitment to continuous improvement & sustaining stakeholder engagement statewide.

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:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # 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

Instructions

Targets must be 100%.

States are required to complete the General Supervision Data Table within the online reporting tool.

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, 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. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023–June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

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.

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 findings of 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 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	83.33%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					83.33%

Targets

FFY	2024	2025
Target	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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Not applicable; there were no additional findings reported in Column B for Indicator 4B.

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*:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Not applicable; there were no additional findings reported in Column B for Indicator 9.

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*:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Not applicable; there were no additional findings reported in Column B for Indicator 10.

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*:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Not applicable; there were no additional findings reported in Column B for Indicator 11.

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*:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Not applicable; there were no additional findings reported in Column B for Indicator 12.

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*:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Not applicable. As indicated in the Findings table, 100% of the findings identified in FFY 2023 were verified as corrected within the one-year timeline. There is no outstanding noncompliance from FFY 2023 to report in this section.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
4	0	4	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Not applicable; there were no additional findings reported in Column B for Indicator 13.

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:

To verify that the LEA is correctly implementing the regulatory requirements, the SEA requires each district to submit additional student records for students not in the original sample. This review of updated data occurs during the pre-finding correction period to ensure the district is achieving 100% compliance. If the district does not achieve 100% compliance during this period, a formal finding is issued and a Corrective Action Plan (CAP) is required. The CAP mandates the submission of further subsequent folders for SEA review to verify that the systemic source of noncompliance has been resolved and is 100% compliant and ongoing compliance is maintained. These results are reviewed by the SEA at least monthly.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

To verify that each individual case of noncompliance was corrected, DESE-OSE reviewed the 37 specific student IEP folders originally identified as non-compliant in FFY 2023. The State verified that the missing or incorrect components were amended to meet all regulatory requirements, demonstrating and verifying 100% compliance for each student. For any student who was no longer within the jurisdiction of the LEA, the State verified that the individual case was corrected for the duration the student was enrolled.

Optional for FFY 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 2023 (7/1/23 – 6/30/24)	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

Please 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 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
4	0	4	0	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4	4	83.33%	100%	Not Valid and Reliable	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
---	-------

Provide additional information about this indicator (optional)
Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)	4
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)	4
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
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	0
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	0
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	0
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	0
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	0
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	0
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 <u>not</u> yet verified as corrected	0

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 districts that did not make timely corrections have a focused mission that attracts specific student populations and serves fewer students with disabilities. DESE-OSE maintains rigorous oversight through monthly meetings with both districts to review the status of outstanding noncompliance. Additionally, state-level grant-supported staff provide targeted coaching to the districts to address the remaining components of their Corrective Action Plans (CAP).

As a formal enforcement action, specific conditions, outlined in 2 CFR 200.208, have been imposed on these LEAs' grant awards because they failed to correct non-compliance and were placed in long-standing non-compliance status. These specific conditions include the corrective actions that have not been completed in the original corrective action plan and additional requirements that include more frequent and direct oversight and support from DESE. Failure to make progress as outlined in the specific conditions can lead to DESE directing the use of the LEA's IDEA Part B funds to address the

non-compliance or the graduated enforcement of withholding funds until the districts come into 100% compliance with all outstanding regulatory requirements.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	1	1	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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*:

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 desk audits of the required actions in the Corrective Action Plan and evidence submitted, DESE determined the LEA has met all requirements for post-secondary transition, and issued a letter stating the LEA was 100% compliant and met the requirements of the Corrective Action Plan.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

To verify the correction of individual cases of noncompliance, DESE-OSE reviewed the non-compliant student IEP folders to ensure the non-compliance was corrected.

18 - Prior FFY Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022: (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 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

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 desk audits of the required actions in the Corrective Action Plan and evidence submitted, DESE determined the LEA has met all requirements for post-secondary transition, and issued a letter stating the LEA was 100% compliant and met the requirements of the Corrective Action Plan.

18 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported 100% of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that each LEA corrected the findings of noncompliance identified in FFY 2023 related to Secondary transition because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each LEA with noncompliance identified in FFY 2023 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.

18 - Required Actions

The State must provide valid and reliable data for FFY 2025 in the FFY 2025 SPP/APR.

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 Goadrich

Title:

Part B Data Manager

Email:

laura.goadrich@ade.arkansas.gov

Phone:

5016825296

Submitted on:

04/17/26 11:28:37 AM

Determination Enclosures

RDA Matrix

Arkansas 2026 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
70.91%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	12	60.00%
Compliance	22	18	81.82%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2026: Part B."

2026 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment (2)	Grade 4	99%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	99%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	17%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	94%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	24%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	90%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	99%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	99%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	36%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	91%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	15%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	93%	1

(2) Statewide assessments include the regular assessment and the alternate assessment.

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	7	2
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	89	2

*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

2026 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (4)	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	N/A	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.00%	N/A	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	0.38%	N/A	2
Indicator 11: Timely initial evaluation	98.82%	YES	2
Indicator 12: IEP developed and implemented by third birthday	100.00%	N/A	2
Indicator 13: Secondary transition	76.26%	NO	1
Indicator 18: General Supervision	Not Valid and Reliable	NO	0
Timely and Accurate State-Reported Data	93.39%		1
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2024-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

(4) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 5\%$ and $< 10\%$ for Indicators 4B, 9, and 10, and $\geq 90\%$ and $< 95\%$ for Indicators 11, 12, 13 and 18.

Data Rubric

Arkansas

FFY 2024 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	0	0

APR Score Calculation

Subtotal	21
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	26

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/30/25	1	1	1	3
Personnel Due Date: 2/18/26	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Discipline Due Date: 2/18/26	1	0	1	2
State Assessment Due Date: 1/7/26	1	0	1	2
Dispute Resolution Due Date: 11/19/25	1	1	1	3
MOE/CEIS Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	19
Grand Total (Subtotal X 1.28571429) =	24.43

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	26
B. 618 Grand Total	24.43
C. APR Grand Total (A) + 618 Grand Total (B) =	50.43
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	0.9339
E. Indicator Score (Subtotal D x 100) =	93.39

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/30/2025
Part B Personnel	FS070, FS099, FS112	2/18/2026
Part B Exiting	FS009	2/18/2026
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/18/2026
Part B Assessment	FS175, FS178, FS185, FS188	1/7/2026
Part B Dispute Resolution	FS227, FS228, FS229, FS230	11/19/2025
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238	11/19/2025

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Arkansas

School Year: 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	80
(1.1) Complaints with reports issued.	52
(1.1) (a) Reports with findings of noncompliance	32
(1.1) (b) Reports within timelines	48
(1.1) (c) Reports within extended timelines	4
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	28

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	40
(2.1) Mediations held.	15
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	15
(2.1) (b) (i) Mediation agreements not related to due process complaints.	15
(2.2) Mediations pending.	0
(2.3) Mediations withdrawn or not held.	25

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	49
(3.1) Resolution meetings.	33
(3.1) (a) Written settlement agreements reached through resolution meetings.	22
(3.2) Hearings fully adjudicated.	3
(3.2) (a) Decisions within timeline (include expedited).	3
(3.2) (b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	11
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	35

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	13
(4.1) Expedited resolution meetings.	9
(4.1) (a) Expedited written settlement agreements.	7
(4.2) Expedited hearings fully adjudicated.	0
(4.2) (a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0
(4.4) Expedited due process complaints withdrawn or dismissed.	13

This report shows the most recent data that was entered by:
Arkansas

These data were extracted on the close date:
11/19/2025

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Final Determination Letter

June 18, 2026

Honorable Jacob Oliva
Secretary of Education
Arkansas Department of Education
Four Capitol Mall, Room 304-A
Little Rock, AR 72201

Dear Secretary Oliva:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Arkansas needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of Arkansas' data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Arkansas' 2026 determination is based on the data reflected in its "2026 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix that includes scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2026: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2026, as it did for Part B determinations in 2015-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Arkansas).

In making Part B determinations in 2026, OSEP continued to use results data related to:

- (1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);
- (2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2026 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education (BIE), and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2026 determination as it did for Puerto Rico's 2025 determination. OSEP used the publicly available NAEP data for the BIE that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2026 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);
- (3) the percentage of CWD who graduated with a regular high school diploma; and
- (4) the percentage of CWD who dropped out.

You may access the results of OSEP's review of Arkansas' SPP/APR and other relevant data by accessing the EDFacts Metadata and Process System (EMAPS) SPP/APR reporting tool using your Arkansas-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Arkansas' SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that Arkansas is required to take. The actions that Arkansas is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Arkansas' RDA Matrix;

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- (2) the HTDMD [link](#);
- (3) "2026 Data Rubric Part B," which shows how OSEP calculated Arkansas' "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the Arkansas' "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Arkansas' 2026 determination is Needs Assistance. A State's or Entity's 2026 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State's or Entity's determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

Arkansas' determination for 2025 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), if a State or Entity is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

- (1) advise the State or Entity of available sources of technical assistance that may help the State or Entity address the areas in which the State or Entity needs assistance and require the State or Entity to work with appropriate entities;
- (2) direct the use of State-level funds on the area or areas in which the State or Entity needs assistance; or
- (3) identify the State or Entity as a high-risk grantee and impose Specific Conditions on the State's or Entity's IDEA Part B grant award.

Pursuant to these requirements, the Secretary is advising Arkansas of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act \(IDEA\)](#), and requiring Arkansas to work with appropriate entities. The Secretary directs Arkansas to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage Arkansas to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. Arkansas must report with its FFY 2025 SPP/APR submission, due February 1, 2027, on:

- (1) the technical assistance sources from which Arkansas received assistance; and
- (2) the actions Arkansas took as a result of that technical assistance.

As required by IDEA Section 616(e)(7) and 34 C.F.R. § 300.606, Arkansas must notify the public that the Secretary of Education has taken the above enforcement actions, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and through public agencies.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 1, 2, 3, 5, 6, 15, and 16 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Arkansas must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in Arkansas on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Arkansas' submission of its FFY 2024 SPP/APR. In addition, Arkansas must:

- (1) review LEA performance against targets in the Arkansas' SPP/APR;
- (2) determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each LEA of its determination.

Further, Arkansas must make its SPP/APR available to the public by posting it on the SEA's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Arkansas' determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Arkansas' efforts to improve results for children and youth with disabilities and looks forward to working with Arkansas over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

A handwritten signature in black ink that reads "Erin McHugh". The signature is written in a cursive, flowing style.

Erin McHugh
Deputy Director
Office of Special Education Programs

cc: Arkansas Director of Special Education