# SEA Data Processes Toolkit

## Protocol: **State Landscape**

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | April, 2024 (Updates Still Needed) |
| **Scheduled review date** | |

### SEA Program Overview

Describe the organizational structure of the department or agency. Include acronyms, number of LEAs, and how LEAs are organized. Consider including any regional or other intermediate units that provide technical assistance and support LEAs.

Arizona Department of Education AZDE, Exceptional Student Services (ESS) website may be found at https://www.azed.gov/specialeducation/about The ESS includes data management, program management (fiscal), program support and monitoring, dispute resolution, and early childhood and special projects such as secondary transition and assistive technology. Org Chart & Seating Chart.xlsx (sharepoint.com)

In AZ, LEAs are called Public Education Agencies (PEAs) and these includes districts, jails, correctional facilities, charters, and the Deaf and Blind Institution. There are approximately 710; this number fluctuates depending on charter school closings/openings.

### Data Systems Overview

Describe each state data system used for collecting, validating, and reporting required IDEA data, including functions and connections with each other.

The majority of the data (95%) comes from the Arizona Education Data Standards (AzEDS), including student demographic data, staffing data, and other associated data. The remaining data are pulled from applications developed for specific data collections such as discipline. The AzEDS is based on the Common Education Data Standards (CEDS) and the Ed-Fi standards. Data are housed in a data warehouse (Data Mart) and from there can be transferred into various applications. The applications are able to communicate with AzEDS. For example, the application titled October 1 Data Collection that pulls the data from AzEDS and the Data Mart for PEAs that are required to submit the October 1 count.

There are a couple of external systems including the IDEA Part C data system that also talk to the AZ system. Most of data in the data warehouse are controlled by IT. Numerous software apps (approximately 20) pull from the data warehouse including those for vouchers; 90% of the apps cross-reference student-level data. For additional information, please see https://www.azed.gov/information-technology/azeds

### Staff

Include position or title and brief description of responsibilities for all state staff or contractors who are involved with IDEA data.

DRAFT

- Deputy State Superintendent/State Director oversees the implementation of IDEA; provides policy direction and execution – including the state's general supervision system, IT specific to sped, and alternate assessment - Alissa Trollinger
- Assist Director (AD) oversees implementation of operations - Chris Brown
- Data Manager (currently the AD) oversees the collection, validation, and analysis of data related to IDEA
- Director of Operational Support (DOS) oversees operation of data management – Judy Olaiz
- SPP/APR Coordinator facilitates other federal reports as necessary (non-EDFacts) - Heather Dunphy
- SSIP Coordinator facilitates the implementation of SSIP – Shaun Stevenson
- Directors within the unit are ultimately responsible for data in specific areas (Post-Secondary Outcomes, Preschool, Parent Survey,…)
- EDFactsCoordinator – does actual submissions of all EDFacts data - John Eickman

## Data System Access and Permissions

Describe who gets access and the process for seeking access to each data system.

Information about federal data systems is available in IDC's *2024 Quick References for IDEA Part B Data*.

State Systems/Servers: AD (currently also the Data Manager) has access to AzEDS and Data Mart (warehouse); the current Data Manager helped build both systems so has access to both. IT officially manages the systems.

State Performance Plan/Annual Performance Report (SPP/APR) Submission Tool: Director and Assistant Director both have approval status in the system; SPP/APR and SSIP Coordinators and DOS have read and write permission; other directors have read-only permission.

EDFacts Submission System and EDFacts Reporting System (ERS): EDFacts Coordinator and AD have submission permission; DOS, lead data specialist, SPP/APR Coordinator and State Director have view-only to review data anomalies.

## Student ID Assignment

Describe how the system(s) generate unique student IDs.

PEAs submit request with a specific number of identifying fields of data to AzEDS which checks to make sure it's not a duplicate; if it is not, the system generates a unique student identification number (SID). Part C can also assign student identification numbers (this is a new ability based on data sharing agreement to facilitate clean, quick sharing). If a PEA request is a duplicate, the system will reconcile with PEAs. The SID follows the student from school to school and PEA to PEA, if necessary.

## State Definitions

Document definitions of key terms in the state. These may be state-specific acronyms, state-defined terms, or any frequently used data-related terms that may be unfamiliar to new staff members.

An acronym and abbreviations list is available in IDC's *2024 Quick References for IDEA Part B Data*.

Data Management has a list:

- ADE Arizona Department of Education
- DAS Deputy Associate Superintendent, also the State Director of Special Education
- Superintendent of Public Instruction, elected
- ODC October 1 Data Collection
- A.R.S. Arizona Revised Statutes State laws and regulations governed by the executive departments and agencies of the state government.

DRAFT

- AzEIP Arizona Early Intervention Program Statewide interagency system of early intervention services for families of children birth to three with disabilities or developmental delays and governed by Part C of IDEA.
- DOA District of Attendance The PEA/LEA where the student attends to receive educational and/or special education services and is identified with a DOR outside of the PEA/LEA. These students are commonly referred to as tuitioned-in students.
- DOR District of Residence The PEA/LEA where a student resides, regardless of where he/she attends to receive educational and/or special education services. This includes students attending sites within PEA/LEA, tuitioned-out students, and students attending sites outside of PEA/LEA.
- EID Entity ID A unique numeric identifier assigned in conjunction with the County/Type/District/School Site (CTDS) to all entities that do business with ADE.
- FPNI Federal Primary Need Indicator Identifies the disability category that has the greatest adverse impact on a special education student's ability to access and progress through the general curriculum.
- MSAA Multi-State Alternate Assessment A com... by Olaiz, Judy Olaiz, Judy4:56 PM
- MSAA Multi-State Alternate Assessment A comprehensive assessment system designed to promote increasing higher academic outcomes for students with significant cognitive disabilities in preparation for a broader array of post-secondary outcomes.
- PEA Public Education Agency Defined the same as LEA except this term also includes secure care facilities and state institutions. [A.R.S. § 15-761(26)]
- SEDD Special Education Data Dashboard (formerly Annual Data Collection) An application that provides special education data through a secure portal for public education agencies (PEA) to access district and school level data along with state level data. The application includes data such as Exit, Discipline, Personnel, Preschool Transition, Least Restrictive Environment (LRE), Alternate Assessment, Risk Analysis, SPP/APR Indicators, and PEA Determinations.
- UE Ungraded Elementary Students with disabilities receiving group B services must be at least 5 years old but less than 6 by September 1 and have an IEP that supports a group B need and the necessity for a full-time instructional program of 712 hours per year.
- AASA Arizona's Academic Standards Assessment (formerly AZM2) AASA is Arizona's statewide achievement test for English Language Arts and Mathematics.
- ED-P Emotional Disability-Private
- MOWR - Move on When Reading – 3rd grade reading legislation

## Data Governance

Describe the process for reviewing and approving potential or actual future changes to the data collection and associated requirements. Consider including a description of the SEA approach to data governance (e.g., purpose, committee roles and responsibilities, membership, meeting frequency).

- Programs in state – when review potential changes, review legal requirements; implement policy to interpret to establish procedure or execute implementation. This scales well to data collection. Translate from federal to state level.
- General – scalability, consistency, and efficiency; refine system and trying to put internal controls on who accesses which platforms. ESS is usually always at table because of how wide age-range the unit serves.
- Data governance group – directors and data people meet to define problem granularly before bringing to higher leadership. ~~Ex: If PEA submits Child Count data that's incorrect, State Director/Assistant Director have to decide if changing the data set is a significant enough/will impact enough – do we need to redo entire collection; those decisions go to leadership in federal program.~~
- Staff gets a list from data manager and look at trends, AD and DOS will look to see if this needs to be questioned or if the PEA volunteers they made an error. There are 2 options at this point – they can modify the app to get the data systemically embedded (less documentation) or ad hoc (more difficult) that looks at what the deviation was in the system. CB is more engaged with data governance but program leadership's role is to explain to higher leadership the consequences of data issues/errors; to help leadership to understand the needs of the program and consequences of making changes. Three years ago, the answer would have been different; the team took care of foundational issues that impacted this process. A

DRAFT

very important role of ESS is to provide information about consequences for different decisions. The ESS tries to be aware of and respectful of other offices' data needs. Ex: School Safety and ESS that are collected and reporting same data so why not work together.

| **Stewardship and Maintenance of Data Processes Protocols:** Include the person(s) responsible for storing and maintaining completed process documentation. Describe where the SEA stores the protocols and the schedule for revisiting and revision. |
| --- |
| State Director is ultimately responsible for data stewardship. DOS, on a daily basis, ensures this info for general supervision is publicly available. Data will be stored in ADE internal library and private to ESS (cloud storage) with read-only access for most with edit-review access for State Director, AD, and DOS. On-going updates are made as needed with a complete review triggered by monitoring/SPP/APR schedule, before DMS, and with any significant changes to data system/submission. |

| **Blank Heading** |
| --- |
| Use this row for additional topics. Create new heading rows as needed. |

DRAFT

# IDC | SEA Data Processes Toolkit

## Protocol: **LEA Determinations**

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | September 30, 2024 (Updates Still Needed) |
| **Scheduled review date** | After sections currently being discussed and developed |

### Annual Determination Description

Describe which indicators the SEA uses and other factors the SEA considers. Describe the state's process and how it does or does not parallel OSEP's determinations process.

Minimally, SEAs must include

- performance on compliance indicators (4B, 9, 10, 11, 12, and 13);
- valid, reliable, and timely data;
- correction of identified non-compliance; and
- other data available to the state about LEA compliance with IDEA, including relevant audit findings.

SEAs may consider results on performance indicators and other information the SEA deems relevant.

Current process is aligned to what is minimally required by OSEP. AZ utilizes a unique point system dependent on the LEA system: state includes all the compliance Indicators (the only performance Ind is 14), which includes a scoring system dependent on status. This scoring model was developed in 2010. AZ defines valid and reliable data (See data source). Also includes the data from MOE and single audit findings, but this data is not included in the scoring rubric. AZ includes Indicator 14 in their determinations. https://www.azed.gov/specialeducation/pea-determinations. Go to the current FFY Criteria.

### Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead SPP/APR Specialist, Heather Dunphy heather.dunphy@azed.gov – validation, public posting, and clarifying communication
Lead Data Management Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Management Specialist, Maile Faubion maile.faubion@azed.gov – validation
EDFacts Coordinator, John Eickman john.eickman@azed.gov - submission

DRAFT

### Determinations Process Development

Describe how the SEA develops the determinations process, including sanctions and rewards. Describe whether the SEA uses stakeholder input, including input from parents, children with disabilities, LEAs, EIS programs or providers, LEA staff, teachers, specialized instructional support personnel, Section 619 (preschool) coordinators, related service providers, the state advisory panel established under Part B of IDEA, PTI leadership and staff, local and statewide advocacy groups and advisory committees, and others. Include the rationale for the design of the determinations process.

The SEA must use one of the following four categories of determinations for each LEA:

- "meets requirements" and purposes of IDEA;
- "needs assistance" in implementing the requirements of IDEA;
- "needs intervention" in implementing the requirements of IDEA; and
- "needs substantial intervention" in implementing the requirements of IDEA.

If the SEA provides LEAs with an opportunity for a hearing on their annual determination, describe the process.
*Note: This is optional and not all states will provide this opportunity.*

AZ currently uses all the OSEP required scoring categories for LEA determination –
"Meets Requirements";
"Needs Assistance"- 1st year, requires no action, 2nd year, required to provide TA activities which will take place during the year for targeted area;
"Needs Intervention"- 3 or more years of Needs Intervention requires a Corrective Action Plan (CAP); Part B IDEA Grant restrictions dependent on the area of need; corrective action plan is documented and submitted on a pre-established state form; publish high-risk grantee status, possible grant restrictions as per 300.603;
"Needs substantial intervention" –

**Targeted Assistance and Intervention Activities can be found at this link:**

PEA Determinations | Arizona Department of Education (azed.gov)

- Stakeholder engagement - AZ has a Public Comment application form posted generally 30 days for public comment.
- Data Stewards review the public comments for approximately 2 weeks with relevant staff.
- The State Education Advisory Panel (SEAP), meets approximately every 2 months. Whenever changes are being considered for the determinations process, SEAP is involved:
    - By reviewing and making recommendations regarding enforcement activities related to the 4 determination categories;

  By assisting with the inclusion of additional Indicators and focus areas and the weighting of areas (point values)

### Data Source Description

Provide a short description of the databases or data systems the SEA uses to process data for making LEA determinations. List the source for each data point the SEA includes in the determinations.

- LEA Determination Application which automatically extracts and scores from other data systems
- For each of the required indicators, see individual data process protocols ESS Data Processes Toolkit Log.xlsx
- Indicator 4b, 12 - data source is the annual data collection for special education. These systems provide the processed information for the determination application to pull the data
- Indictor 9 & 10 - data source is Oct. 1 Child Count
- Indicator 11 & 13 - data source is the Program Support and Monitoring application (CAP closeout included)
- Indicator 14 - Post School Outcomes Application
- Single Audit Finding - manual process
- MOE - Maintenance of Effort application (parts must be manually entered/changed in application)

DRAFT

Valid, reliable and timely data - AzEDS, Special Education Data Dashboard (SEDD), and October 1 Data Collection

**Data Validation and Analysis**

Describe the data cleaning process and any other processes the SEA uses to ensure high-quality data. For data that the SEA does not include in an SPP/APR indicator, describe the data validation process. For data that the SEA includes in the SPP/APR, consider referring to those indicator protocols.

For each indicator refer to specific indicator protocols. ESS Data Processes Toolkit Log.xlsx

- A month before the publication of the LEA determinations, AZ randomly samples LEAs to compare their data to the data within the application
- Review for anomalies internally
- If anomalies are noted or the sample LEA data are not correct, relevant staff members meet to make corrections (approximately 2 week window)
- Post the information for public comment (approximately 30 days)
- LEAs receive notification that their determinations are available to the public
- LEAs are provided an opportunity for review of possible errors; errors are reconciled between LEA and SEA

**Scoring of Each Indicator**

Describe the scoring for each indicator measure and how the cumulative scoring affects the determination decision. If a certain indicator is not applicable to all LEAs, clarify how the SEA may modify scoring to make the determinations equitable. For example, if an LEA does not have a high school, there would be no post-secondary transition data.

Refer to scoring rubric. Scoring components are determined by the unique LEA demographics (high school vs. preschool indicators)
PEA Determinations | Arizona Department of Education (azed.gov)
PEA Criteria
Special Education Determination Categories/Arizona Department of Education

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

Once the lead specialist has completed the initial processing, it is reviewed by the director of operations and the assistant state director. Final approval is completed by the state director within 30 days and prior to public reporting.

**Communication Process**

Describe the method for communicating determinations to LEAs, including how the SEA notifies LEAs of their specific determinations in a timely manner so that they may begin to plan for and take any actions necessary for improvement as soon as possible.

To the extent the state's determinations and resulting enforcement actions affect funds for LEAs, the SEA should share its determinations before LEA subgrants under Part B of IDEA are issued.

While the SEA must report LEA progress on SPP/APR indicators publicly, it is not required to report LEA determinations publicly.

- Notification to the LEAs is sent via sped director listserv by the DAS support admin
- Notification directs them to the website for review of their determinations

Specific LEA data used for annual determination is included on the state SPP/APR website. State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

DRAFT

| **Public Reporting** |
| --- |
| Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR data. Note where the SEA posts the state and LEA SPP/APR data. |
| Although some SEAs choose to pair determinations with the requirement to publicly report the performance of each LEA against state targets of SPP/APR data, 34 C.F.R. § 300.602(b)(1)(i)(A) does not require it. LEA determinations are included in the public reporting requirements for MOE and CEIS as 20 U.S.C. § 1418 program information requires.<br>Delete these rows if this process does not apply to your state. |

- Annual notification to the LEAs via email (LEAs, stakeholder groups, and Parent Training and Information Center)
- Notification directs them to the SPP/APR website for their findings
  PEA Determinations | Arizona Department of Education (azed.gov)

DRAFT

# SEA Data Processes Toolkit

## Protocol: **Part B MOE Reduction and CEIS**

| **Associated E*MAPS* User Guide:** |
|---|
| IDEA Part B Maintenance of Effort (MOE) Reduction and Coordinated Early Intervening Services (CEIS) |

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | June 28, 2024 (Updates Still Needed) |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Data Collection Name

Reference the name this collection is known by in the SEA. For accuracy of communication throughout the SEA, reference each data collection by only one name.

Table 8 (MOE/CEIS)

### E*MAPS* Submission

Submitted via E*MAPS*: IDEA Part B MOE Reduction and CEIS

### Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov - review and submission
Director of Finance, Candice Trainor Candice.trainor@azed.gov – oversee data collection for MOE

Lead Program Management Specialist, Tanya Rodriguez tanya.rodriguez@azed.gov – assists with fiscal portion of CEIS data collection
Senior Director of Program Support and Monitoring, Angela Odom angela.odom@azed.gov – assists with monitoring of students
Lead Data Management Specialist, Maile Faubion maile.faubion@azed.gov – assists with validation of student support codes in data base (AZEDS)

### Data Collection Levels

These are the levels at which the SEA collects and reports the data. Data are collected at the LEA level only and are not aggregated.

### Federal Reporting Period and Submission Date

OSEP defines the reporting period for this submission as a reference year or a school year. Submission date is the day the data are due to the U.S. Department of Education and is included in the E*MAPS* user guide.

- **Reporting period**: Annually from July 1 through June 30
- **Due date**: Due annually on the third Wednesday of August to the U.S. Department of Education

### State Collection and Submission Schedule

Provide a list of dates when the data collection period opens, when data are due to the SEA from the LEAs, and when the SEA pulls the data after the collection closes.

- July 1 to December to gather CEIS data through completion report in Grants Management Enterprise (GME); approved by December of prior fiscal year. CR Program Details pulls Number of SwDs that received CEIS in prior fiscal year and went on to be determined eligible for special education; also identifies amount of money set aside for CEIS and how much spent. CR Details Expenditure pulls the total CEIS expenditures. These apply to both CEIS and CCEIS.
- MOE is tested for compliance by March 31 for prior fiscal year. From MOE, pull amounts received from IDEA Part B for 2 comparison fiscal years.
- SEA reports fiscal data by FFY – AZ always refers to periods as schools years to ensure all are speaking about the same time period.
- SEA reports CEIS data by school year.

DRAFT

# Processes

### Collection

Provide detailed information about how the LEAs submit data to the state, how the SEA pulls the data from database, and other details about the collection process.

- CEIS – on completion report, PEAs required to respond if set aside money in previous year; if so, how much set aside and how much spend; # students served; # students subsequently determined eligible; these questions are in GME Program Details. Must respond before last Friday in December. Pulling allocation data – run report from GME by source to look for how many dollars *allocated to* PEA in testing year. Pull both 611 and 619 data. Use this for allocations for Table 8. This is

done by program management staff. Program management tracks voluntary CEIS in IDEA workbooks. Shares this with data management so they can search for support codes in same fiscal year. If the future, Program Monitoring will assist with this.

- MOE – from MOE application, pull # PEAs that failed MOE test and how much funding they were responsible for returning. Sometimes PEA will have missing data because they haven't closed out compliance test. There is an appeals process and if PEA wins, will submit data note.

## Data Validation

Describe the data cleaning processes that the SEA uses to prepare these data for submission.

During the data validation process,

- verify that the allocation amounts are correct and are for the correct FFY;
- verify the level of determination status for the LEAs;
- if any LEAs have significant disproportionality, verify LEA significant disproportionality has been identified correctly;
- if applicable, verify that the LEAs set aside the appropriate amount for CEIS/CCEIS; and
- document SEA procedures to address when LEAs
  - reduced MOE incorrectly,
  - reserved CEIS funds incorrectly,
  - reserved CEIS funds but reported no students receiving CEIS, and
  - reported more students receiving special education/related services than received CEIS over a two-year period.

- SPP/APR Coordinator updates the template annually to ensure it captures current schools. Gets list from Data Management of schools opened or closed the previous year.
- CEIS Erroneous responses in program response details with schools saying they spent funds on CEIS; program management specialists compare budgets and detail expenditure sections to CR program details page. Leave history log comments to ignore data. Data management queries CEIS support codes and compares against list of known PEAs approved for CEIS or CCEIS expenditure. Finally, look at last year's submission for trending data to see if there is a match.
- MOE – compare year over year compliance results and evaluation changes in allocation calculations. This is preemptive data quality note. This also helps identify any missing schools from the previous year that didn't respond to.

PEA reduced MOE incorrectly – allow during MOE compliance window (30 days) a revision to annual financial report or to submit allowable exceptions. If PEA cannot pass MOE compliance, offer 30-day window for appeal; day 31 issue notification to receive repayment. 120 days partner with AZ Attorney General's office to seek collections. Opportunity to delay allocation of additional federal funding until repayment received.

PEA reserved CEIS funds incorrectly – this happens before data capture (new process for how data management validates support codes for CEIS semi-annually to align with grant budgets) to catch it before it's wrong. If don't catch it, notify PEA of responsibility to report CEIS support codes and track students for next 2 fiscal years. Require obligation to follow for full 27 months of grant cycle.

LEA/ESA reserved CEIS funds but reported no students receiving CEIS – no process right now but will not allow expenditures if no students are reports. All funds will carry over to next fiscal year.

LEA/ESA reported over a 2-year period more students receiving special education/related services than received CEIS – no process right now

How many times a year should we query and then send notices to PEAs? Is that what highlighted area is?
We need a list from PM of every PEA that marked CEIS on their grant and PEAs that are required to do CCEIS.
Do we need to follow through with notices sent? We haven't been doing this, sent notices two years
What else?

## Internal Approval Process

Describe any certification processes and dates relative to the LEA certifying these data (e.g., online certification, hard copy signature, electronic signature).

Describe any internal approval processes (e.g., who must sign off and timelines).

DRAFT

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as special education director, ED*Facts* coordinator, etc.

Annually, OSEP requires the SEA to sign and electronically submit a data certification form to the Partner Support Center (PSC) at EDEN_SS@ed.gov. If there is a similar SEA process requiring each LEA to certify these data, establish who is authorized locally to certify and the details of the certification process.

Currently developing internal process for this.

## E*MAPS* Process

Describe the processes for each of the following activities:

- completing the E*MAPS* survey,
- completing the metadata questions,
- reviewing data quality results,
- creating data quality notes, and
- submitting the data.

## Submission

Describe the process for generating and submitting the data to E*MAPS.*

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as the state special education director, general counsel, ED*Facts* coordinator, etc.

Template is downloaded from EMAPS; SPP/APR Coordinator looks to see which PEAs had significant disproportionality in previous year. For submission due Aug 2024 will be using FY23 (22-23 school year) information for significant disproportionality. On the template, coordinator marks which PEAs had significant disproportionality that year; notes which areas flagged for (identification, discipline, or placement). Allocations and student-level CEIS data are generated by program and data management. CEIS can be captured in Aug for prior year; allocation data can be captured in December. Once Table 8 has all completed, validated data, the Assistant Director submits through EMAPS.

Will be developing process for timelines to include starting 8 weeks prior to deadline.
The submitted version is available in the internal ADE Library. It can also be downloaded from EMAPS.

## Data Governance

Describe the process for reviewing and approving potential or actual future changes to the data collection and associated requirements.

## Public Reporting

Describe the process and location for posting state-level data for public reporting.

DRAFT

Public reporting of the MOE Reduction and CEIS data collection is required pursuant to 20 U.S.C. § 1418(a)(3).

Notification to the LEAs via email (LEAs, stakeholder groups, and Parent Training and Information Center).
Notification directs them to the SPP/APR website for their findings.
PEA Determinations | Arizona Department of Education (azed.gov)
The LEA Determinations contain information about the PEA's MOE and CCEIS status.

DRAFT

# SEA Data Processes Toolkit

# Protocol: **Personnel**

**Associated EDPass File Specifications:**

- FS070—Special Education Teachers (FTE)
- FS099—Special Education Related Services Personnel*
- FS112—Special Education Paraprofessionals

**Aligns with FS5013 IDEA Staffing metadata*
*EDPass IDEA Discipline, Staffing and Exiting Metadata User Guide*

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | 1/21/2025 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Data Collection Name

Reference the name this collection is known by in the SEA. For accuracy of communication throughout the SEA, reference each data collection by only one name.

Personnel; part of Tables 1, 2, and 3

### Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Part B Data Manager and Business Officer of Education Programs, Chris Brown chris.brown@azed.gov – validation and submission
Part B Data Manager and Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
Lead Data Management Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Management Specialist, Maile Faubion maile.faubion@azed.gov - validation
EDFacts Coordinator, John Eickman john.eickman@azed.gov Submission
Lead Recruitment and Retention Specialist, Kim Rice-Gentry kim.rice@azed.gov – validation and comparison
Director of Professional Learning and Sustainability, Tracey Sridharan tracey.sridharan@azed.gov – validation and comparison

## Data Collection Levels

Data are collected at the LEA level and are aggregated at both the LEA and SEA levels.

These are the levels at which the SEA collects and reports Personnel data:

- LEA level, and
- SEA level.

The SEA collects Personnel data by the following categories:

- age range of students served (special education teacher and paraprofessionals only),
- qualification (i.e., fully certified/not fully certified for special education teachers and related service providers and qualified/not qualified for paraprofessionals),
- staff category (special education related service providers only), and
- FTE (full-time equivalency) counts.

- Full-time equivalency (FTE) counts of
  - Special Education Teachers (FS070)
  - Special Education Related Services Personnel by job assignment (FS099)
  - Special Education Paraprofessionals providing program support in special education (FS112)
- Local school district aggregate level
- Statewide aggregate level

## Federal Reporting Period and Submission Date

OSEP defines the reporting period as either a snapshot as of a particular date, a reference year, or a school year. Submission date is the day the data are due to the U.S. Department of Education.

- **Reporting period**: State-specific IDEA Child Count date, designated from October 1 through December 1.
- **Due date**: Due annually on the third Wednesday of February to the U.S. Department of Education.

- **Reporting Period:** State-specific IDEA Child Count date, October 1 annually
- **Due Date:** Due February annually

## State Collection and Submission Schedule

Provide a list of dates when the data collection period opens, when data are due to the SEA from the LEAs, and when the SEA pulls the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov).

DRAFT

# Processes

## Collection

Provide detailed information about how the LEAs submit data to the state, how the SEA pulls the data from database, and other details about the collection process.

PEAs enter their personnel numbers into the Oct. 1 Data Collection application during Phase I of this process.

During the collection period in the October 1 Data Collection (ODC) application, ESS Data Management monitors the following and perform PEA outreach if the PEA did not submit any data

After PEA certification of personnel data in the ODC application, a data management specialist is responsible for exporting the data from the ODC application by clicking on the export button. The application will automatically notify the EDFacts team via email, the data files are ready. The EDFacts team prepares the data files per EDFacts File Specification:

**Files containing unduplicated counts of children**

FS070 — Special Education Teachers

FS099 — Special Education Related Services Personnel

FS112 — Special Education Paraprofessionals

## Data Validation

Describe the data cleaning processes the SEA uses to prepare these data for submission.

Data validation may include

- confirmation of sums of all category sets and subtotals reported equal to the education unit total at each level of the EDPass files,
- comparison of year-to-year SEA and LEA counts to identify possible data quality issues, or
- check of the master file for duplicate records (verify correct association of records with LEAs).

1. Lead Recruitment and Retention Specialist reviews the data and compares it to the previous year's data. If there are anomalies, discuss with ADE and PEA staff to resolve/clarify.
2. A Data Management specialist transfers this data to the appropriate IDC Edit Check Tool for validation.
3. The macros within the Edit Check Tool validate the data and indicate if errors are present. If so, the Lead Data Management Specialist must resolve and fix the errors that are present and work with the ESS Data Governance team if necessary.
4. The Data Management Leads will meet to scrutinize this data for anomalies by comparing it to prior year data.
5. Significant (± 20) changes in data from year to year require a data governance meeting.

## Internal Approval Process

Describe any certification processes and dates relative to the LEA certifying these data (e.g., online certification, hard copy signature, electronic signature).

Describe any internal approval processes (e.g., who must sign off and timelines).

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as special education director, ED*Facts* coordinator, etc.

DRAFT

Annually, OSEP requires the SEA to sign and electronically submit a data certification form to the Partner Support Center (PSC) at EDEN_SS@ed.gov. If there is a similar SEA process requiring each LEA to certify these data, establish who is authorized locally to certify and the details of the certification process.

Director, Assistant Director, and Director of Operations review data; once approved, data may be submitted through EdPass with metadata.

SEA definition of fully certified teachers, qualified paraprofessionals, and certified related service personnel may be found at https://www.azed.gov/sites/default/files/2021/07/Oct.%201%20Data%20Collection%20%20Technical%20Assistance%20Manual%2007.2021.pdf

## EDPass Process

Describe the processes for each of the following activities:

- uploading the EDPass files,
- completing the metadata questions,
- reviewing data quality results,
- creating data quality notes, and
- submitting the data.

## Submission

Describe the process for generating and submitting the data through EDPass.

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as the state special education director, general counsel, ED*Facts* coordinator, etc.

EdFacts Coordinator pulls data from server with help with of ESS IT team and uploads data into EdPass and the system runs through business rules. Previously submitted files may be found in the ODC application and after submission to OSEP, published in the Special Education Data Dashboard (SEDD).

## Data Governance

Describe the process for reviewing and approving potential or actual future changes to the data collection and associated requirements.

## Public Reporting

Describe the process and location for posting state-level data for public reporting.

DRAFT

SEA Data Processes Toolkit

Protocol

# Significant Disproportionality

IDC | IDEA DATA CENTER | Collect, Report, Analyze, and Use High-Quality Part B Data

## Essential Elements

| |
|---|
| **Title of Process:** Reference the name the state education agency (SEA) uses for the process of determining significant disproportionality. |
| **Significant Disproportionality** |
| **Data Stewards**: Provide titles and names, contact information, department, and any notes for persons responsible for this process. If there are multiple parties responsible for or involved in the process, list them all. |
| Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission<br>Director of Operational Support, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)<br>State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission<br>Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation<br>SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov - review and submission<br>Program Support and Monitoring, Angela Odom, angela.odom@azed.gov - monitoring<br>EDFacts Coordinator, John Eickman john.eikhman@azed.gov - submission |
| **Stakeholder Advice:** Describe the state's process for obtaining advice from stakeholders, including input from the State Advisory Panel, to determine the risk ratio threshold, minimum cell size, minimum n-size, and standard for measuring reasonable progress. Describe how the state involves stakeholders in other decisions regarding the state's process for identifying significant disproportionality, if applicable, and how stakeholders provide the input to the state. |
| ADE provides public notices/comment for any changes. Information presented is tailored to the particular audience. Feedback is also solicited from the State Advisory Panel. All feedback is reviewed and considered when making decisions. PEA input is provided during TA meetings. Input may be provided during face-to-face meetings, via trainings, and via email. |

DRAFT

# Data Collection Protocol—Significant Disproportionality

**Definition of Significant Disproportionality:** Describe the state's definition of significant disproportionality. The definition should include the following information, as appropriate: (1) any minimum n-sizes (risk denominators); (2) any minimum cell sizes (risk numerators); (3) the risk ratio thresholds at which the state identifies significant disproportionality for identification, placement, and discipline; (4) the number of years of data the state uses in the calculation; and (5) the standards for measuring for reasonable progress.

- Include any differences in the definition the state uses across the identification, placement, and discipline analysis categories, which may include differences in thresholds, minimum n- and cell sizes, and reasonable progress.
- Provide rationales for the risk ratio thresholds and standards for measuring reasonable progress (if using).

Provide rationales for any minimum n-sizes greater than 30 and minimum cell sizes greater than 10.

The SEA also reports this information in the Annual State Application Under Part B of IDEA, section V.B.[1] (see tables that follow), and the IDEA State Supplemental Survey (IDEA SSS).

The State has moved to a Risk Ratio method to determine the likelihood of overrepresentation of a group when compared to another group. Arizona defines significant disproportionality as a rate of greater than or equal to 3.0 within a group compared to another group. If the ratio is greater than or equal to 3.0 for three consecutive years, the PEA is significantly disproportionate. PEAs that do not meet minimum cell size (10) are exempt from calculation. PEAs that do not meet the minimum n-size (30) are calculated using the alternate risk ratio. Reasonable progress is defined as being greater than .5 across all three years. Additional information may be found at https://www.azed.gov/ESS/significant-disproportionality

**In the tables that follow, merge, delete, and edit cells and rows as needed to document how the state's definition of significant disproportionality varies across the different analysis categories.**

| Minimum n-sizes | | |
|---|---|---|
| **Category of analysis** | **Minimum n-size** | **Rationale** |
| All categories of analysis | 30 | |
| Identification (all categories below) | | |
| All disabilities | | |
| Autism | | |
| Emotional disturbance | | |
| Intellectual disability | | |
| Other health impairment | | |
| Specific learning disability | | |
| Speech or language impairment | | |
| Placement (both categories below) | | |
| Inside a regular classroom less than 40% of day | | |
| Inside separate schools and residential facilities | | |

[1] *Annual State Application Under Part B of the Individuals With Disabilities Education Act as Amended in for Federal Fiscal Year 2021.* Retrieved from https://sites.ed.gov/idea/files/Grants-Part-B-FFY-2021-Application-Template.docx.

DRAFT

# Data Collection Protocol—Significant Disproportionality

| Minimum n-sizes | | |
|---|---|---|
| **Category of analysis** | **Minimum n-size** | **Rationale** |
| Discipline (all categories below) | | |
| Total disciplinary removals | | |
| Out-of-school suspensions ≤ 10 days | | |
| Out-of-school suspensions > 10 days | | |
| In-school suspensions ≤ 10 days | | |
| In-school suspensions > 10 days | | |

| Minimum cell sizes | | |
|---|---|---|
| **Category of analysis** | **Minimum cell size** | **Rationale** |
| All categories of analysis | 10 | |
| Identification (all categories below) | | |
| All disabilities | | |
| Autism | | |
| Emotional disturbance | | |
| Intellectual disability | | |
| Other health impairment | | |
| Specific learning disability | | |
| Speech or language impairment | | |
| Placement (both categories below) | | |
| Inside a regular classroom less than 40% of day | | |
| Inside separate schools and residential facilities | | |
| Discipline (all categories below) | | |
| Total disciplinary removals | | |
| Out-of-school suspensions ≤ 10 days | | |
| Out-of-school suspensions > 10 days | | |
| In-school suspensions ≤ 10 days | | |
| In-school suspensions > 10 days | | |

DRAFT

# Data Collection Protocol—Significant Disproportionality

| Risk ratio thresholds | | |
|---|---|---|
| **Category of analysis** | **Threshold** | **Rationale** |
| All categories of analysis | ≥3.0 | |
| Identification (all categories below) | | |
| All disabilities | | |
| Autism | | |
| Emotional disturbance | | |
| Intellectual disability | | |
| Other health impairment | | |
| Specific learning disability | | |
| Speech or language impairment | | |
| Placement (both categories below) | | |
| Inside a regular classroom less than 40% of day | | |
| Inside separate schools and residential facilities | | |
| Discipline (all categories below) | | |
| Total disciplinary removals | | |
| Out-of-school suspensions ≤ 10 days | | |
| Out-of-school suspensions > 10 days | | |
| In-school suspensions ≤ 10 days | | |
| In-school suspensions > 10 days | | |

| Standards for measuring reasonable progress (if using) | | |
|---|---|---|
| **Category of analysis** | **Standard** | **Rationale** |
| All categories of analysis | >.5 across all three years | |
| Identification (all categories below) | | |
| All disabilities | | |
| Autism | | |
| Emotional disturbance | | |
| Intellectual disability | | |
| Other health impairment | | |
| Specific learning disability | | |
| Speech or language impairment | | |
| Placement (both categories below) | | |
| Inside a regular classroom less than 40% of day | | |
| Inside separate schools and residential facilities | | |

DRAFT

# Data Collection Protocol—Significant Disproportionality

| Standards for measuring reasonable progress (if using) | | |
|---|---|---|
| **Category of analysis** | **Standard** | **Rationale** |
| Discipline (all categories below) | | |
| Total disciplinary removals | | |
| Out-of-school suspensions ≤ 10 days | | |
| Out-of-school suspensions > 10 days | | |
| In-school suspensions ≤ 10 days | | |
| In-school suspensions > 10 days | | |

| Number of years of data | |
|---|---|
| **Category of analysis** | **Number of years** |
| All categories of analysis | 3 |
| Identification (all categories below) | |
| All disabilities | |
| Autism | |
| Emotional disturbance | |
| Intellectual disability | |
| Other health impairment | |
| Specific learning disability | |
| Speech or language impairment | |
| Placement (both categories below) | |
| Inside a regular classroom less than 40% of day | |
| Inside separate schools and residential facilities | |
| Discipline (all categories below) | |
| Total disciplinary removals | |
| Out-of-school suspensions ≤ 10 days | |
| Out-of-school suspensions > 10 days | |
| In-school suspensions ≤ 10 days | |
| In-school suspensions > 10 days | |

DRAFT

# Data Collection Protocol—Significant Disproportionality

**Data Source Description:** Provide a short description of the database or data system the SEA uses to process data for determining significant disproportionality. Describe the data the SEA uses for each step of the calculations.

Use the most recent data available. For example, data for identification and placement may be from the current school year if the SEA is making calculations in the spring, while Discipline data may be from the prior school year.

- Data for identification categories (all disabilities and the six specific disabilities) include children and youth with disabilities ages 3 through 21.
- Data for placement include children and youth with disabilities ages 5 (and enrolled in kindergarten) through 21.
- Data for discipline include children and youth with disabilities ages 3 through 21.

**Suggested ED*Facts* Data Files**

- FS002—Children with Disabilities (IDEA) School Age
- FS006—Children with Disabilities (IDEA) Suspensions/Expulsions
- FS052—Membership
- FS089—Children with Disabilities (IDEA) Early Childhood
- FS143—Children with Disabilities (IDEA) Total Disciplinary Removals

The SPP/APP uses a SQL query that is updated annually using the most recent sources for Child Count, LRE, and Discipline data. Procedurally the data come from the SEDD and Oct 1 applications. Additional information may be found at Calculating Significant Disproportionality Infographic

DRAFT

# Data Collection Protocol—Significant Disproportionality

**Significant Disproportionality Timeline:** Establish a calendar for when the SEA will

- collect and process required data annually to determine if significant disproportionality exists;
- identify local education agencies (LEAs) with significant disproportionality;
- notify LEAs;
- conduct, or require the LEAs to conduct, the review of policies, practices, and procedures; and
- require identified LEAs to implement comprehensive coordinated early intervening services (CCEIS), including
  - identifying the factors that may have contributed to the significant disproportionality;
  - reserving 15 percent of IDEA Section 611 and Section 619 grant allocations;
  - using CCEIS to address the factors that may have contributed to the significant disproportionality;
  - tracking and reporting the students who receive CCEIS; and
  - tracking funds the LEAs use for CCEIS.

See also the SEA's completed Maintenance of Effort (MOE) and Coordinated Early Intervening Services (CEIS) data protocol, if applicable.

Tables 1 and 3 are a snapshot of students with active IEPs on Oct. 1; Table 5 data are collected July 1-June 30. Calculations are typically calculated in March of the fiscal year for identification and placement. Discipline calculations are completed in December.

LEAs are notified no later than August following the completed calculations.

LEA policies, procedures, and practices are completed within 60 days of notification by Program Support and Monitoring. Once LEAs are notified, they begin reviewing and budgeting for CCEIS. ESS reviews drafts of plan/budget for approval. Budget must be approved for allowability by ADE Finance. Expenditures for CCEIS is tracked through grants management in real time. Student count is tracked through AzEDS in real time.

DRAFT

# Data Collection Protocol—Significant Disproportionality

## Processes

**Data Collection and Preparation:** Provide detailed information about the origin and collection of the data, including titles of persons responsible for both collection and preparation.

Describe how the SEA accesses, formats, and processes the data for analysis, including

- where the SEA stores the data (e.g., state student information system, data warehouse, LEA-submitted reports);
- how the SEA reports and/or displays the data (e.g., individual records or combined totals of students or incidents reported for each category);
- SEA staff responsible for retrieving and cleaning the data (e.g., IT staff, data management staff, IDEA Part B data managers);
- use of business rules to prepare data for analysis (e.g., delineating how the SEA pulls data and from where and how it cleans the data to prepare for actual calculations of significant disproportionality); and
- governance of the data (e.g., identifying the staff responsible for each piece of the data collection and cleaning processes and with whom ultimate decisionmaking authority about the work and processes lies).

Describe the process for calculating significant disproportionality, including

- descriptions of the risk ratio and alternate risk ratio formulas for each category of analysis;
- application of any minimum cell sizes;
- application of any minimum n-sizes;
- identification of the appropriate years of data for each category of analysis;
- ways of addressing the impact of educational service agencies (ESAs) or other regional groupings, as applicable;
- treatment of students who reside in residential facilities or group homes; and
- application of the reasonable progress measure, if applicable.

SEAs must examine data for each of the seven federal racial or ethnic groups in the identification, placement, and discipline categories for significant disproportionality.

Data are stored in AzEDS for ESS application consumption. Oct 1 Child Count and SEDD app retrieve identification, placement, and discipline information in a useable format. A lead data management specialist is responsible for retrieving the information and reviewing with SPP/APR Coordinator. Based upon review, cleaning of data may be necessary if invalid information is found from the application and what was submitted into AzEDS (ex: closed charter school's data). After review and cleaning data are prepared for processing using the SQL query. The results of the SQL query are also reviewed and cleaned if further anomalies are found. Data stewards include the Director of Operational Support, SPP/APR Coordinator, and lead data management specialist. These stewards also govern the process.

The process for calculating significant disproportionality is as follows:
For each PEA, the risk is calculated; this risk is then compared to the state risk. This yields the risk ratio for the PEA. For PEAs with small cell sizes, an alternate risk ratio is calculated. Additional information may be found at Calculating Significant Disproportionality Infographic

DRAFT

# Data Collection Protocol—Significant Disproportionality

**Data Analysis:** Describe how the SEA analyzes LEA data for significant disproportionality, including

- the process for comparing the data to the risk ratio or alternate risk ratio threshold;
- how the SEA identifies which districts meet the state's definition of significant disproportionality each year;
- how the SEA tracks the significant disproportionality designation for each LEA across each required calculation for multiple years, if using multiple years of data; and
- the process for applying the reasonable progress measure, if applicable.

See also the SEA's completed MOE and CEIS data protocol, if applicable.

The SQL query calculates the risk ratios for the current and 2 prior years and identifies the PEAs with risk ratios above the threshold. The SPP/APR Coordinator exports the data into an Excel sheet to assess reasonable progress. Data are maintained in the shared directory storage system for ESS. The SPP/APR Coordinator is responsible for running the calculations annually and tracking progress across years.

**Notification of Districts**: Describe the process the SEA uses to inform LEAs identified as having significant disproportionality.

SPP/APR Coordinator sends an individual email to the PEA special education director of the identified PEA with information specific to that PEA. The email also contains information about the requirements that accompany the designation including the timeline for review of policies and procedures, setting aside 15% of the PEA's allocation, and tracking of students receiving CCEIS.

**Ensuring Review and, if Appropriate, Revision of LEA Policies, Practices, and Procedures:** Describe the process the SEA uses to provide for the annual review of policies, practices, and procedures when the state identifies LEAs with significant disproportionality.

If the SEA identifies noncompliance in a policy, procedure, or student record, describe the process for tracking and correcting noncompliance in accordance with OSEP Memo 23-01.[2] Describe how the SEA ensures LEAs publicly report on any revisions to their policies, practices, and procedures.

The Program Support and Monitoring team reviews the policies, procedures, and practices. Each team member has PEAs assigned. The PSM communicates with the PEA and notifies the PEA that they must publicly report on any revisions. Practices are monitored by the PSM team during a site visit on the cycle or sampling of IEPs for compliance. That information is included by the specialist whenever TA is provided to the PEA. The ESS sends a written finding of noncompliance for any identified. The PSM specialist then follows up to ensure any findings of noncompliance are corrected as soon as possible but in no case later than one year.

DRAFT

[2] **Ensuring Review and, if Appropriate, Revision of LEA Policies, Procedures, and Practices:** Refer to OSEP Memo 09-02. *Reporting on Correction of Noncompliance in the Annual Performance Report Required under Sections 616 and 642 of the Individuals with Disabilities Education Act*. (October 2008).Retrieved from https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep09-02timelycorrectionmemo.pdf.

# Data Collection Protocol—Significant Disproportionality

**Contributing Factors:** Describe the process the SEA uses to ensure that each LEA identifies the factors contributing to the significant disproportionality, which can include factors such as[3]

- a lack of access to scientifically based instruction;
- economic, cultural, or linguistic barriers to appropriate identification or placement in particular educational settings;
- inappropriate use of disciplinary removals;
- lack of access to appropriate diagnostic screenings;
- differences in academic achievement levels; and
- policies, practices, or procedures that contribute to the significant disproportionality.

ESS staff conduct individualized TA through phone calls with the PEA. This is an area that ESS are working to develop additional policies, procedures, and practices utilizing existing tools and resources developed by national TA centers such as IDC.

**Comprehensive Coordinated Early Intervening Services (CCEIS):**[4] Describe how the SEA

- monitors that each identified LEA reserves 15 percent of its IDEA Part B 611 and 619 allocations;
- monitors how the LEAs implement CCEIS and use those funds to address the identified factors that may be contributing to the significant disproportionality;
- tracks the funds LEAs used for CCEIS and requires LEAs to carryover unspent funds; and
- tracks the children who receive CCEIS.

If applicable, describe how the SEA ensures that the LEAs use CCEIS to address a policy, practice, or procedure it identifies as contributing to the significant disproportionality, including a policy, practice, or procedure that results in a failure to identify, or in the inappropriate identification of, a racial or ethnic group (or groups).

See also the SEA's completed MOE and CEIS data protocol, if applicable.

The monitoring of the allocation reservation is done by the grants management system and team. Final cash report is reviewed to ensure funds were spent appropriately. This is a joint effort between the grants system and program staff. The student-level tracking is done with data management and program management. The monitoring process is a work-in-progress to refine. Students are tracked using their USIN; the budget is compared to students receiving CCEIS to ensure funds are spent appropriately. Students are identified in AzEDS as receiving CCEIS and are tracked through that system.

DRAFT

[3] **Contributing Factors:** Consider using IDC's *Success Gaps Toolkit: Addressing Equity, Inclusion, and Opportunity: Addressing Equity, Inclusion, and Opportunity*.

[4] **Comprehensive Coordinated Early Intervening Services (CCEIS):** Consider using IDC's Using Coordinated Early Intervening Services (CEIS) Fiscal and Student Data Tracker.

# SEA Data Processes Toolkit

# Protocol: **Discipline**

**Associated EDPass File Specifications:**

**Files containing unduplicated counts of children:**

- FS005—Children with Disabilities (IDEA) Removal to an Interim Alternative Educational Setting
- FS006—Children with Disabilities (IDEA) Suspensions/Expulsions
- FS088—Children with Disabilities (IDEA) Disciplinary Removals
- FS144—Educational Services During Expulsion*

**Files containing unduplicated counts of disciplinary events:**

- FS007—Children with Disabilities (IDEA) Reasons for Unilateral Removals
- FS143—Children with Disabilities (IDEA) Total Disciplinary Removals

**Aligns with FS5012 Discipline Metadata*

*EDPass IDEA Discipline, Staffing and Exiting Metadata User Guide*

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | 1/21/2025 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Data Collection Name

Reference the name this collection is known by in the SEA. For accuracy of communication throughout the SEA, reference each data collection by only one name.

Discipline Data Collection

## Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Part B Data Manager and Business Officer of Education Programs, Chris Brown chris.brown@azed.gov – validation and submission
Part B Data Manager and Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
Lead Data Management Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Management Specialist, Maile Faubion maile.faubion@azed.gov - validation
EDFacts Coordinator, John Eickman john.eickman@azed.gov Submission

## Data Collection Levels

Discipline data are collected at the child level.

Discipline data includes

- the number of
  - children with disabilities ages 3 through 21 who had
    - removals to an Interim Alternative Educational Setting (IAES) (FS005)
    - suspensions and expulsions (FS006)
    - disciplinary removals (FS088)
    - expulsions with and without educational services* (FS144)
  - times (event count) children with disabilities
    - had unilateral removals by school personnel to an IAES by type of offense (FS007), including
      - drugs
      - weapons
      - serious bodily injury
    - had any type of disciplinary removal (FS143)
- the count for disciplinary data
  - aggregated at the following levels (all disciplinary files):
    - LEA
    - SEA
  - reported by (all disciplinary files except FS144)
    - race/ethnicity
    - sex
    - disability
    - English learner status
  - reported by the following removal types (FS006):
    - in-school
    - out-of-school
  - reported by duration of removal by
    - removal type (FS006)

DRAFT

- all removals (FS088)

*FS144 includes children with and without disabilities

## Federal Reporting Period and Submission Date

OSEP defines the reporting period as either a snapshot as of a particular date, a reference year, or a school year. Submission date is the day the data are due to the U.S. Department of Education.

- **Reporting period**: Entire school year (typically defined as July 1 through June 30)
- **Due date**: Due annually on the third Wednesday of February to the U.S. Department of Education

**Reporting Period:** Entire school year (July 1 through June 30).
**Due Date:** Due annually on the date determined by EdPASS.

## State Collection and Submission Schedule

Provide a list of dates when the data collection period opens, when data are due to the SEA from the LEAs, and when the SEA pulls the data after the collection closes.

App opens July 1 of previous year. Any correction must be made by July 15 of reporting year. Data are due in February as determined by EdFACTS.

# Processes

## Collection

Provide detailed information about how the LEAs submit data to the state, how the SEA pulls the data from database, and other details about the collection process.

ESS helps 21st Century and School Safety and Prevention with elements of this collection as well; elements are not used by ESS. Schools enter discipline data into their student information system (SIS). Then PEAs upload their data to AzEDS; there should be a discipline reporting module software the PEA is using. Data Management has the discipline guidance manual posted on their website.

- The link for the Discipline guidance can be found at: https://www.azed.gov/sites/default/files/2023/10/Discipline%20Data%20Guidance%20Manual%20-%20October%202023.pdf
- It is currently listed on our AzEDS SPED Reporting web page: https://www.azed.gov/specialeducation/data-management/azeds-sped-reporting

This manual includes behavior descriptors, how to code in the SIS, type of removal, discipline data integrity (potential errors in submission), and FAQ. Data is pulled by ESS IT from Data Mart and populated into SEDD. AzEDS submissions open July 1, and schools are to enter as offenses occur. SEDD opens in May for PEAs to review for accuracy, and AzEDS also has discipline reports available for viewing throughout the year. These AzEDS reports are as follows:

- DISC10: Discipline Data Verification Report
- DISC45: In-School Suspension Data Report
- DISC72: Discipline Validation Report
- INTEG55: Discipline Incident Integrity Report

DRAFT

Data for students without disabilities are collected through SEDD in May.

## Data Validation

Describe the data cleaning processes that the SEA uses to prepare these data for submission.

Data validation may include

- confirmation of sums of all category sets and subtotals reported equal to the education unit total at each level of the EDPass files.
- comparison of year-to-year SEA and LEA counts to identify possible data quality issues.
- check of the master file for duplicate records (verify correct association of records with LEAs).

Also, document and/or verify

- that a procedure for including data for students ages 3–5 is in place.
- how to address duplicates (e.g., one student with multiple discipline events/types).
- how the SEA handles the counts of days for students who transfer from one LEA to another in a single year (e.g., Are the days only associated with the last LEA? If so, are all event days in the year attributed to the second LEA or only the days the student was removed while at the second LEA?).
- how to address missing data (e.g., a suspension event for a student has a start date but no end date).
- how to address weekends, vacations, summers, etc. with respect to calculating days of suspension (school days vs. calendar days).
- how to address "in-school suspensions" that the SEA reports in FS006, FS088, and FS143; it is important to know SEA policy and LEA practice on services for students receiving in-school suspension.
- how to address the time between a removal event and subsequent placement in a behavioral center or interim alternative educational setting; time in these settings is not considered suspension or expulsion time.
- how to address time the LEAs counted for a student who was suspended in a school year prior to the point the LEAs found them eligible for IDEA (e.g., Does the LEA count only include post-IDEA eligible suspensions and expulsions?).
- how LEAs address expulsions that cross school years (e.g., suspended in May for 3 months).
- that the LEA associates an event that affects more than one student with disabilities with each student (e.g., fight between two students).

**Reminder**: The total of FS007 is greater than or equal to the total in FS005. EDPass file FS007 collects the number of events students committed by the number of students reported in FS005.

1. During the collection period in AzEDS, monitor the following and perform PEA outreach as needed:
   a. Serious bodily injury data
   b. Hearing officer removals
   c. SPED expulsions without services
   d. No disciplinary incidents submitted
2. After PEA certification of disciplinary incident data in the Special Education Data Dashboard (SEDD), which is extracted from AzEDS, a data management specialist is responsible for exporting the data from the SEDD application by clicking on the export button. The application will automatically notify the EDFacts team via email, the data files are ready.
3. The EDFacts team prepares the data files per EDFacts File Specification:

   **Files containing unduplicated counts of children**
   - FS005 — Children with Disabilities (IDEA) Removal to Interim Alternative Educational Setting
   - FS006 — Children with Disabilities (IDEA) Suspensions/Expulsions
   - FS088 — Children with Disabilities (IDEA) Disciplinary Removals
   - FS144 — Educational Services During Expulsion

   **Files containing unduplicated counts of disciplinary events**
   - FS007 — Children with Disabilities (IDEA) Reasons for Unilateral Removal

DRAFT

FS143 — Children with Disabilities (IDEA) Total Disciplinary Removals

4. A Data Management specialist transfers this data to the appropriate IDC Edit Check Tool for validation.
5. The macros within the Edit Check Tool validate the data and indicate if errors are present. If so, the Lead Data Management Specialist must resolve and fix the errors that are present and work with the Data Governance team if necessary.
6. The Data Management Leads will meet to scrutinize this data for anomalies by comparing it to prior year data.

## Internal Approval Process

Describe any certification processes and dates relative to the LEA certifying these data (e.g., online certification, hard copy signature, electronic signature).

Describe any internal approval processes (e.g., who must sign off and timelines).

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as special education director, ED*Facts* coordinator, etc.

Annually, OSEP requires the SEA to sign and electronically submit a data certification form to the Partner Support Center (PSC) at EDEN_SS@ed.gov. If there is a similar SEA process requiring each LEA to certify these data, establish who is authorized locally to certify and the details of the certification process.

Once data submission closes on July 15, data is pulled by the EdFACTS Coordinator and sent to the Lead Data Management Specialist. The Lead Specialist reviews and completes a year-to-year comparison report and submits it to the Business Officer of Education Programs and Director of Operations for review. ESS IT pulls data to send to EdFACTS Coordinator for submission through EdPASS. Data notes are generated by Lead Data Management Specialist.

## EDPass Process

Describe the processes for each of the following activities:

- uploading the EDPass files,
- completing the metadata questions,
- reviewing data quality results,
- creating data quality notes, and
- submitting the data.

## Submission

Describe the process for generating and submitting the data through EDPass.

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as the state special education director, general counsel, ED*Facts* coordinator, etc.

The submission is coordinated with EDFacts Coordinator. Work with appropriate timelines to ensure generation occurs approximately 30 days in advance and typically submit two weeks in advance of due date. IT has these timelines documented as well.

DRAFT

### Data Governance

Describe the process for reviewing and approving potential or actual future changes to the data collection and associated requirements.

### Public Report

Describe the process and location for posting state-level data for public reporting.

DRAFT

# SEA Data Processes Toolkit

## Protocol: **Assessment**

**Associated EDPass File Specifications:**

Students with disabilities are included as a subgroup within the all-student files that follow:

- FS175—Academic Achievement in Mathematics[a]
- FS178—Academic Achievement in Reading (Language Arts)[b]
- FS185—Assessment Participation in Mathematics[a,c]
- FS188—Assessment Participation in Reading (Language Arts)[b,c]

[a]Aligns with FS5006 Assessment metadata—Math
[b] Aligns with FS5007 Assessment metadata—RLA
[c]Aligns with FS5005 Assessment metadata—General
*EDPass Academic Assessment Metadata User Guide*

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | August 27, 2024 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Data Collection Name

Reference the name this collection is known by in the SEA. For accuracy of communication throughout the SEA, reference each data collection by only one name.

State Assessments

## Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov –validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov – validation, analysis, and reporting
State Director of Assessment, Audra Ahumada audra.ahumada@azed.gov – collection and validation
Director of Alternate Assessment, Bethany Spangenberg Bethany.spangenberg@azed.gov – collection and validations
Director of Psychometrics, Anju Kuriakose anju.kuriakose@azed.gov – collection, validation, analysis
EdFacts Coordinator, John Eichman john.eichman@azed.gov – reporting

## Data Collection Levels

These are the levels at which the SEA collects and reports the data. Data are collected at the LEA level only and are not aggregated

- at the school*, LEA, and SEA levels
- by student demographics, including
  - race/ethnicity
  - sex
  - disability
  - age
  - educational setting
  - English learner status

**Only the child count data reported in FS002 are collected, aggregated, and submitted at the school level. The child count data reported in both FS002 and FS089 are collected, aggregated, and submitted at the LEA and state level*

Additional information is in the *EDFacts Workbook with FAQs*, available at https://www2.ed.gov/about/inits/ed/edfacts/eden/edfacts-workbook-with-faqs.pdf

## Federal Reporting Period and Submission Date

OSEP defines the reporting period as either a snapshot as of a particular date, a reference year, or a school year. Submission date is the day the data are due to the U.S. Department of Education.

- **Reporting period**: Indicate the period for the applicable testing window within the reporting year
- **Due date**: Due annually on the second Wednesday of January to the U.S. Department of Education

DRAFT

- **Reporting Period:** Indicate the period for the applicable testing window within the reporting year – December for previous school year.
- **Due Date:** Due annually with the Consolidated State Performance Report (CSPR) Part I. Currently due into EdFacts by Dec 1 of the next year.

### State Collection and Submission Schedule

Provide a list of dates when the data collection period opens, when data are due to the SEA from the LEAs, and when the SEA pulls the data after the collection closes.

Data may be collected until June 30 and data cleaning begins then. By July 15, data are ready for different reports that are needed. Calendars may be found at:

https://www.azed.gov/sites/default/files/2023/04/Assessments%20Overview%202023-2024.pdf and
https://www.azed.gov/sites/default/files/2023/08/Detailed%20Testing%20Calendar%202023-2024.pdf

DRAFT

# Processes

## Collection

Provide detailed information about how the LEAs submit data to the state, how the SEA pulls the data from database, and other details about the collection process.

PEAs upload data until June 30 into AZEDS; vendors also collect data; ADE has built File Metrics application to marry the data from AZEDS to the assessment data results from vendor. These data must be finalized for finance by mid-July. PEAs can go into system for another year for example if the students moves between PEAs.

Corrections application – when data come from vendor, upload data from AZEDS and provide the relevant data back to vendor. They can also manually enter a student if the student enters late; can also correct errors such as spelling, birthdate, student id number. Put through corrections app to ensure the data are coming through accurately. Frequent reminders to schools/PEAs to correct data because data won't be included until it's corrected. This helps PEAs/schools own their data and ensures data are valid.

Every summer, collect for every assessment new test coordinator assessment form to update every entity that will test (private school, homeschool, public,…); this info provides list of peple who can access system and add students; very regimented processes. Provide to vendors an organization list of all testing entities. Also provide list of students expected to test to vendor. Try to control quality of this data as much as possible, but vendor has small window to enter new student. There is a work request that school has to complete for vendor to make this happen.

## Data Validation

Describe the data cleaning processes that the SEA uses to prepare these data for submission.

During the data validation process,

- confirm sums of all category sets and subtotals reported are equal to the education unit total at each level of the EDPass files.
- compare year-to-year SEA and LEA counts to identify possible data quality issues.
- check the master file for duplicate records and verify correct association of records with LEAs.

Confirm that the assessment office for the state will review, verify, and validate assessment data for all students, including students with disabilities. Work with the assessment data steward to review the data validation and cleaning processes for the students with disabilities (IDEA) subgroup. Validate data and Accountability sends to schools; AZEDS has info about which students have disabilities and match that. Although assessment portal has a place for school to enter disability, don't use any info entered at school; instead match at state level.

State Assessment Director and EdFacts Coordinator work together to ensure that the responses pertaining to the assessment of students with disabilities (IDEA) in the E*MAPS* Assessment Metadata Survey are correct and up to date. Vendor provides information about accommodations used by students.

To reduce or eliminate errors and subsequent followup, consult with both assessment and ED*Facts* staff early to report accurate assessment data and metadata. When needed, document procedures to address and remedy data quality issues when the Department comments on them in the data quality reports. See information about correction application above. EdFacts coordinator is checking to ensure everything is in place as seen in the Assessment Data Mart.

DRAFT

## Internal Approval Process

Describe any certification processes and dates relative to the LEA certifying these data (e.g., online certification, hard copy signature, electronic signature).

Describe any internal approval processes (e.g., who must sign off and timelines).

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as special education director, ED*Facts* coordinator, etc.

Annually, OSEP requires the SEA to sign and electronically submit a data certification form to the Partner Support Center (PSC) at EDEN_SS@ed.gov. If there is a similar SEA process requiring each LEA to certify these data, establish who is authorized locally to certify and the details of the certification process.

Assessment data are obtained from vendor and all are validated and checked. Once Director of Psychometrics has approved, it's imported into server, matched in AZEDS, accountability checks and sends back to schools; corrections app is run; as errors are corrected, match back to AZEDS; all demographics are matched into Data Mart. After Accountability is done with first release (schools have attested the data are correct), it goes to EdFacts Coordinator to release to public and upload into EMAPS.

## EDPass Process

Describe the processes for each of the following activities:

- uploading the EDPass files,
- completing the metadata questions,
- reviewing data quality results,
- creating data quality notes, and
- submitting the data.

## Submission

Describe the process for generating and submitting the data through EDPass.

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as the state special education director, general counsel, ED*Facts* coordinator, etc.

EdFacts Coordinator uploads into system and parts of data to be approved by correct office; once all offices have approved and data are ready for submission.

## Data Governance

Describe the process for reviewing and approving potential or actual future changes to the data collection and associated requirements.

Please refer to the State Landscape Protocol for complete description.

DRAFT

## Public Reporting

Describe the process and location for posting state-level data for public reporting.

Accountability posts once all data validated. OSE has had to work with this office to ensure the level of depth of reporting required by OSEP is there. Public reporting for this must be done by Nov. 1. https://www.azed.gov/accountability-research/data

DRAFT

# SEA Data Processes Toolkit

# Protocol: **Child Count and Educational Environments**

**Associated EDPass File Specifications:**

- FS002—Children with Disabilities (IDEA) School Age[a,b,c]
- FS089—Children with Disabilities (IDEA) Early Childhood[a,b,d]

*[a]Aligns with FS5001—Sex Collection metadata*
*[b]Aligns with FS5002—IDEA Part B Child Count metadata*
*[c]Aligns with FS5003—IDEA Environments – School Age metadata*
*[d]Aligns with FS5004—IDEA Environments – Early Childhood metadata*

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | April 30, 2024 (Still Needs Updates) |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Data Collection Name

Reference the name this collection is known by in the SEA. For accuracy of communication throughout the SEA, reference each data collection by only one name.

October 1 Data Collection (ODC)/October 1 Special Education Child Count

### Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Part B Data Manager and Business Officer of Education Programs, Chris Brown chris.brown@azed.gov – validation and submission
Part B Data Manager and Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
Lead Data Management Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Management Specialist, Maile Faubion maile.faubion@azed.gov - validation
EDFacts Coordinator, John Eickman john.eickman@azed.gov Submission

## Data Collection Levels

Child Count and Educational Environments data are collected at the child level and include the number of children with disabilities ages 3 through 21

FS089 reports children ages 3 through 5 and not in kindergarten and FS002 reports students ages 5 (in kindergarten) through 21.

Child Count and Educational Environments data

- are aggregated at the following levels:
  - school*
  - LEA
  - SEA
- are reported by
  - race/ethnicity
  - sex
  - disability
  - age
  - educational environment
  - English learner status

**Only the FS002 data are aggregated at the school level. Both FS002 and FS089 are aggregated at the LEA and SEA levels*

- Counts at the individual student and aggregate levels
- Counts by student demographics (race/ethnicity, gender, disability, age, educational setting, and English learner status)
- Counts at the school, LEA, and SEA levels
- Children with Disabilities (IDEA) Early Childhood only includes LEA and state levels

## Federal Reporting Period and Submission Date

OSEP defines a reporting period as either a snapshot as of a particular date, a reference year, or a school year (defined as any 12-month period). Submission date is the day the data are due to the U.S. Department of Education.

- **Reporting period**: State-specific IDEA Child Count date, designated from October 1 through December 1
- **Due date**: Due annually on the last Wednesday of July to the U.S. Department of Education

**Reporting Period:** State-specific IDEA Child Count date, October 1 annually
**Due Date:** Due July 21, 2024; may change after this submission

DRAFT

## State Collection and Submission Schedule

Provide a list of dates when the data collection period opens, when data are due to the SEA from the LEAs, and when the SEA pulls the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov).

# Processes

## Collection

Provide detailed information about how the LEAs submit data to the state, how the SEA pulls the data from database, and other details about the collection process.

PEAs:
Phase 1

- PEAs submit all child-specific data through their SIS into AzEDS.
- ADE provides a web-based application called October 1 Data Collection; PEAs fill out a form online indicating their child count by the due date given each year; print and save a copy for their record or view online.
- PEAs are advised to count their SPED students manually without using AzEDS.
- After the due date, the October 1 Data Collection application generates a report (SPED07) that calculates all SPED students submitted to AzEDS and passing business rules. This report is used to reconcile the data with the October 1 count submitted.

ESS:
Phase 2

- PEAs are validating their data by reconciling these two data pieces:
    - Database application with queries and formatted reports (SPED07)
        - SPED07 Report: SIS>AzEDS>Data Mart>October 1 Data Collection application>SPED07 report
    - SPED73 Report: SIS>AzEDS
- ADE collects data notes from PEAs regarding significant discrepancies.

Phase 3

- PEAs are required to complete Non-Reconciliation if they don't reconcile their data.

  PEAs will submit the reason(s) why they did not reconcile.

## Data Validation

Describe the data cleaning processes the SEA uses to prepare these data for submission.

Data validation may include

- confirmation of sums of all category sets and subtotals reported equal to the education unit total at each level of the EDPass files.

DRAFT

- comparison of year-to-year SEA and LEA counts to identify possible data quality issues.
- check of the master file for duplicate records (verify correct association of records with LEAs).

- After the reconciliation phase, a Data Management specialist is responsible for exporting the data from the ODC application by clicking on the export button. The application will automatically notify the EDFacts team via email, the data files are ready.
- The EDFacts team prepares the data files per EDFacts File Specification (FS002: school age and FS089: early childhood).
- The EDFacts coordinator sends the prepared data files to the Data Management Lead.
- A Data Management specialist transfers this data to the appropriate IDC Edit Check Tool for validation.
- The macros within the Edit Check Tool validate the data and indicate if errors are present. If so, the Lead Data Management Specialist must resolve and fix the errors that are present and work with the Data Governance team if necessary.
- The Data management leads will meet to scrutinize this data for anomalies by comparing it to prior year data.
- The following types of anomalies require a data governance meeting:
  - Systemic issue (i.e., missing race/ethnicity)
  - PEA data erroneously passing AzEDS integrity
  - Duplication of data
  - Significant spikes or drops in data from year to year

## Internal Approval Process

Describe any certification processes and dates relative to the LEA certifying these data (e.g., online certification, hard copy signature, electronic signature).

Describe any internal approval processes (e.g., who must sign off and timelines).

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as special education director, ED*Facts* coordinator, etc.

Annually, OSEP requires the SEA to sign and electronically submit a data certification form to the Partner Support Center (PSC) at EDEN_SS@ed.gov. If there is a similar SEA process requiring each LEA to certify these data, establish who is authorized locally to certify and the details of the certification process.

The SEA must submit the Part B Child Count and Educational Environments Certification Form to OSEP each year, signed by an authorized official. See previous section with calendar.

When PEAs submit the child count, an authorized representative of the PEA such as a SPED Director, Superintendent, Business Manager, or Charter Holder is required to certify the count with an electronic signature. Both the count and the certification must occur by the due date.

## EDPass Process

Describe the processes for each of the following activities:

- uploading the EDPass files,
- completing the metadata questions,
- reviewing data quality results,
- creating data quality notes, and
- submitting the data.

DRAFT

Required 618 data is exported and released to the ESS-IT Team to format as needed for submission to EDPass. These formatted files are transferred to the EDFacts Team and uploaded into EDPass. The files are also shared with the ESS DM Lead tasked with federal reporting validation using the IDC Edit Check Tools that states can use for this purpose. The ESS DM Lead prepares a workbook to track validation issues, action items, and data notes. All business and programmatic errors in the edit check tools and in EDPass must be resolved by the Lead DM specialist and the EDFacts coordinator.

The SPP/APR coordinator is responsible for reviewing the Metadata requirements, revising as needed, and saving the current responses in the survey.

The ESS DM Lead meets with the Operations Director to review the workbook together to determine its validity and resolve any outstanding issues.

Both the metadata and 618 data are reviewed by ESS Leadership, and they approve the release of these data through EDPass.

The Lead DM notifies the EDFacts team of approval, and the metadata, along with the 618 data, are submitted via EDPass for consumption by ED.

## Submission

Describe the process for generating and submitting the data to EDPass.

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as the state special education director, general counsel, ED*Facts* coordinator, etc.

Required 618 data is exported and released to the ESS-IT Team to format as needed for submission to EDPass. These formatted files are transferred to the EDFacts Team and uploaded into EDPass. The files are also shared with the ESS DM Lead tasked with federal reporting validation using the IDC Edit Check Tools that states can use for this purpose. The ESS DM Lead prepares a workbook to track validation issues, action items, and data notes. All business and programmatic errors in the edit check tools and in EDPass must be resolved by the Lead DM specialist and the EDFacts coordinator.

The SPP/APR coordinator is responsible for reviewing the Metadata requirements, revising as needed, and saving the current responses in the survey.

The ESS DM Lead meets with the Operations Director to review the workbook together to determine its validity and resolve any outstanding issues.

Both the metadata and 618 data are reviewed by ESS Leadership, and they approve the release of these data through EDPass.

The Lead DM notifies the EDFacts team of approval, and the metadata, along with the 618 data, are submitted via EDPass for consumption by ED.

## Data Governance

Describe the process for reviewing and approving potential or actual future changes to the data collection and associated requirements.

## Public Reporting

DRAFT

Describe the process and location for posting state-level data for public reporting.

- Child count data is part of indicators 5 and 6. The PEA profiles are published within 120 days, as per federal requirements. The results also include each PEA's data compared to state targets (Data Profiles). These profiles can be found on the SPP/APR webpage.
- Annually, the Arizona Department of Education is required to report Special Education data to the federal government. Historical October 1 child counts can be located on the Data Management webpage. Click on the Historical Data accordion or go to October 1 Special Education Child Counts

PEAs can see their own data as compared to the state's data in the Special Education Data Dashboard (SEDD).

DRAFT

IDC | SEA Data Processes Toolkit

# Protocol: **Exiting**

**Associated EDPass File Specification:**

FS009—Children with Disabilities (IDEA) Exiting Special Education*

**Aligns with FS5014 IDEA Exiting metadata*

*EDPass IDEA Discipline, Staffing and Exiting Metadata User Guide*

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | 1/21/2025 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Data Collection Name

Reference the name this collection is known by in the SEA. For accuracy of communication throughout the SEA, reference each data collection by only one name.

Special Education Exiting Data

### Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Part B Data Manager and Business Officer of Education Programs, Chris Brown chris.brown@azed.gov – validation and submission
Part B Data Manager and Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
Lead Data Management Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Management Specialist, Maile Faubion maile.faubion@azed.gov - validation
EDFacts Coordinator, John Eickman john.eickman@azed.gov Submission

## Data Collection Levels

Exiting data are collected at the student level and include the number of children ages 14 through 21 who began the reporting period (July 1 through June 30) in special education and who were not enrolled in special education at the end of the reporting period.

Exiting data

- are aggregated at the following levels, based on the boundaries of the counting entity:
  - LEA level
  - SEA level
- are reported by Basis of Exit. The reason for exiting must be from the following list:
  - GHS—graduated with regular high school diploma
  - GRADALTDPL—graduated with an alternate diploma
  - RC—received a certificate
  - RMA—reached maximum age
  - MKC—moved, known to be continuing
  - TRAN—transferred to regular education
  - DROPOUT—dropped out
  - D—died
- include the following student demographics:
  - race/ethnicity
  - sex
  - disability
  - age
  - English learner status

DRAFT

## Federal Reporting Period and Submission Date

OSEP defines the reporting period as either a snapshot as of a particular date, a reference year, or a school year. Submission date is the day the data are due to the U.S. Department of Education.

- **Reporting period**: July 1 through June 30 (unless the SEA identifies a different period)
- **Due date**: Due annually on the third Wednesday of February to the U.S. Department of Education

**Reporting Period:** July 1 through June 30.
**Due Date:** Due February 21, 2024

## State Collection and Submission Schedule

Provide a list of dates when the data collection period opens, when data are due to the SEA from the LEAs, and when the SEA pulls the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov).

# Processes

## Collection

Provide detailed information about how the LEAs submit data to the state, how the SEA pulls the data from the database, and other details about the collection process.

LEAs submit data through AzEDS which is then processed by IT department to push to application databases. Data management compiles data as required to provide to DOS and SPP/APR Coordinator for eventual presentation to ESS leadership.

## Data Validation

Describe the data cleaning processes that the SEA uses to prepare these data for submission.

Data validation may include a

- confirmation of sums of all category sets and subtotals reported equal to the education unit total at each level of the EDPass files,
- comparison of year-to-year SEA and LEA counts to identify possible data quality issues, or
- check of the master file for duplicate records (verify correct association of records with LEAs).

1. During the collection period in AzEDS, monitor the following and perform PEA outreach as needed:
   a. No exit data for ages 14-21 as expected for PEAs with grades 8-12.
2. After PEA certification of exit data in the Special Education Data Dashboard (SEDD), which is extracted from AzEDS, a data management specialist is responsible for exporting the data from the SEDD application by clicking on the export button. The application will automatically notify the EDFacts team via email the data file is ready.
3. The EDFacts team prepares the data files per EDFacts File Specification:

   Files containing unduplicated counts of children

   FS009 — Children with Disabilities (IDEA) Exiting Special Education
4. A Data Management specialist transfers this data to the appropriate IDC Edit Check Tool for validation.
5. The macros within the Edit Check Tool validate the data and indicate if errors are present. If so, the Lead Data Management Specialist must resolve and fix the errors that are present and work with the Data Governance team if necessary.
6. The Data Management Leads will meet to scrutinize this data for anomalies by comparing it to prior year data.
7. The following types of anomalies require a data governance meeting:
   a. Systemic issue (i.e., missing race/ethnicity)
   b. PEA data erroneously passing AzEDS integrity
   c. Duplication of data
   d. Significant spikes or drops in data from year to year

## Internal Approval Process

Describe any certification processes and dates relative to the LEA certifying these data (e.g., online certification, hard copy signature, electronic signature).

Describe any internal approval processes (e.g., who must sign off and timelines).

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as special education director, ED*Facts* coordinator, etc.

DRAFT

Annually, OSEP requires the SEA to sign and electronically submit a data certification form to the Partner Support Center (PSC) at EDEN_SS@ed.gov. If there is a similar SEA process requiring each LEA to certify these data, establish who is authorized locally to certify and the details of the certification process.

Data are first provided to DOS who works with State Director and Assistant State Director for final review and approval.

## EDPass Process

Describe the processes for each of the following activities:

- uploading the EDPass files,
- completing the metadata questions,
- reviewing data quality results,
- creating data quality notes, and
- submitting the data.

## Submission

Describe the process for generating and submitting the data through EDPass.

Describe any internal process the SEA uses or requires for certifying these data as final. This might include the data manager sharing or vetting data with other staff such as the state special education director, general counsel, ED*Facts* coordinator, etc.

## Data Governance

Describe the process for reviewing and approving potential or actual future changes to the data collection and associated requirements.

## Public Reporting

Describe the process and location for posting state-level data for public reporting.

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10000 | Entity Type | | | Error | Schools with this district type are not allowed in the database | The DOA Types must be: District, Voc/Tech, Juvenile, Public SPED institution, Private/SPED, Head Start, COOP/IGA/Other, Charter. |
| 10001 | Entity Type | | | Error | For Skill Center or Private/SPED District, DOR must be Public or Charter | If DOA is PRIVATE/SPED and the DOR is not DISTRICT or CHARTER, then report the discrepancy as an error. |
| 10002 | Entity Type | | | Error | For Juvenile districts, DOR must match the DOA | If DOA is JUVENILE and the DOR is not the same as the DOA, then report the discrepancy as an error. |
| 10003 | Entity Type | | | Error | For Public SPED Institution districts, DOR must match the DOA | If DOA is a Public SPED Institution and the DOR is not the same, then report the discrepancy as an error. |
| 10004 | Entity Type | | | Error | For Public SPED Institution districts, DOA must match the DOR | If DOR is a Public SPED Institution and the DOA is not the same, then report the discrepancy as an error. |
| 10005 | Entity Type | | | Error | For Accommodation districts allowed to have a DOA, the DOR must be Public or Charter | If DOA is a DOA EXCEPTION its DOR must be DISTRICT or CHARTER. Note that DOA EXCEPTIONs change from one fiscal year to the next, and in some fiscal years there might not be any at all (18.8). |
| 10006 | Entity Type | | | Error | Both DOA and DOR are out of state; at least one must be an Arizona district | If CTDS County Code = 20 (out of state) then only one of DOR or DOA may be out of state. |
| 10007 | Entity Type | | | Error | For out of state school, DOR must be Public or Charter | If DOA is out of state and DOR is not District or Charter, then report the discrepancy as an error. |
| 10008 | Grade | | | Error | Grade Level Code not offered at this School | If the grade submitted within the enrollment is not an approved grade for the school, then report the discrepancy as an error. |
| 10015 | Entity Type | | | Error | School Type is not eligible for a CEC | If the DOA for CEC (of any types) is not: DISTRICT, JTED, PRIVATE/SPED, then report the discrepancy as an error. |
| 10016 | Entity Type | | | Error | Out of state schools must have a CEC-A | If the DOA is OUT OF STATE and CEC is not CEC-A, then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10018 | Entity Type | | | Error | When a CEC is reported, DOR must be Public | For CEC (of any type): IF the DOA is not the same as the DOR, then DOR must be a District or JTED and the DOA must be District, JTED, Private, Other if not, then report the discrepancy as an error. |
| 10019 | Entity Type | | | Error | When a CEC-B is reported and the DOA is Private/SPED, then the DOR must be Public | If DOA is PRIVATE/SPED and CEC = B, and DOR is not District, then report the discrepancy as an error. |
| 10020 | Grade | | | Error | AOI enrollments are only authorized for grades KG and 1-12 | If the grade submitted for an enrollment by an AOI is not KG or 1 through 12 then report discrepancy as an error. |
| 10021 | Entity Type | | | Error | DOA must match the DOR for Open Enrollment | If Special Enrollment code = Open Enrollment and DOA and DOR within the state are not the same, then report the discrepancy as an error. |
| 10023 | Grade | Age | | Error | Student must be at least 5 years old by September 1st for Ungraded Elementary (UE) | If grade = UE student is not at least 5 years old by January 1, then report the discrepancy as an error. |
| 10024 | | | | | | If grade = UE and student is KG age, student must have a group B SPED service for each day of UE membership (A, EDP, HI, MD, MDSSI, MOID,OI, PSD SID or VI), |
| 10026 | Grade | Age | | Error | Student must be at least 6 years old by January 1st to generate funding for grades higher than kindergarten | If grade = 1st, and student is not 6 years old before January 1, then report the discrepancy as an error. |
| 10030 | | | | | | If absence amount (0.25, 0.50, 0.75, 1.0) is greater than Enrollment FTE on absence day then report the discrepancy as an error. |
| 10031 | Demographic | | | Warning | State of Birth Code required when Country of Birth is USA | If the country of birth is the USA, then the state of birth field must be filled. |
| 10032 | Demographic | | | Warning | Country of birth must be USA for a given state of birth | If the state of birth is provided and country of birth is null or not USA, then report discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10034 | Enrollment | | | Warning | There is an existing membership for another main school | If the system receives more than one main school membership for a student during a single membership interval, a warning will be sent to the submitting district of the discrepancy. |
| 10037 | Enrollment | | | Error | DOR start date and/or end date falls outside the enrollment period | If DOR end date is not <= Membership end date, then report the discrepancy as an error. |
| 10038 | Enrollment | | | Error | DOR dates overlap with other DOR dates | If DOR dates overlap, then report the discrepancy as an error. |
| 10039 | Enrollment | | | Error | DOR assignment is missing for all or part of this membership | If DOR dates have a gap, then report the discrepancy as an error. |
| 10040 | Entity Type | | | Error | District type is not valid as a DOR in the database | If the DOR is not a Valid DOR type, then report the discrepancy as an error. |
| 10041 | Enrollment | | | Error | For DOR 012327, DOA must be 010227 | If DOR CTDS = IC Utah Compact Type 23 and the DOA does not correspond to one of the following: 012327 corresponds with 010227 (Red Mesa Unified) then report the discrepancy as an error. (ARS 15-823 F.) |
| 10042 | Enrollment | | | Error | For DOR 092327, DOA must be 090227 | If DOR CTDS = IC Utah Compact Type 23 and the DOA does not correspond to one of the following: 092327 corresponds with 090227 (Kayenta Unified), then report the discrepancy as an error. (ARS 15-823 F.) |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10043 | Entity Type | | | Error | DOR must correspond to the DOA for State Institution type | If DOR CTDS = State Institution (Type 76) and the DOA does not correspond to one of the following: 027613 corresponds with 020213 (Willcox Unified), 057607 (Ft. Thomas/Ft. Grant) corresponds with 050207/050199001 (Dan Hinton Accommodation), 117601 corresponds with 110201 (Florence Unified), 117621 corresponds with 110221 (Coolidge Unified) , then report the discrepancy as an error. (ARS 15-976) |
| 10044 | Entity Type | | | Error | DOR must correspond to the DOA for State Institution type | If DOR CTDS = State Institution (Type 76) and the DOA does not correspond to one of the following: 057601 corresponds with 050201 (Safford Unified) then report the discrepancy as an error. (ARS 15-976) |
| 10045 | Entity Type | | | Error | DOR must correspond to the DOA for State Institution type | If DOR CTDS = State Institution (Type 76) and the DOA does not correspond to one of the following: 057605 corresponds with 050305 (Solomon Elementary) then report the discrepancy as an error. (ARS 15- 976) |
| 10046 | Entity Type | | | Error | DOR must correspond to the DOA for State Institution type | If DOR CTDS = State Institution (Type 76) and the DOA does not correspond to one of the following: 057613 corresponds with 050316 (Bonita Elementary) then report the discrepancy as an error. (ARS 15- 976) |
| 10047 | Entity Type | | | Error | For out of state school, DOA must be District or Charter | If DOR is out of state and the DOA is not a District or Charter then report the discrepancy as an error. |
| 10048 | Entity Type | | | Error | If DOR is ACCOMMODATION, DOR must be allowed to be listed as a district of residence | If DOR is ACCOMMODATION, DOR must be allowed to be listed as a district of residence (18.12.1) |

DRAFT

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10049 | Entity Type | | | Error | DOR is ACCOMMODATION and DOA is ACCOMMODATION, DOA must have the permission allowing it to be listed as a district of residence | If DOR is ACCOMMODATION and DOA is ACCOMMODATION, DOA must have the permission allowing it to be listed as a district of residence. Exceptions: DOA is a DOA EXCEPTION. (18.12) |
| 10050 | Entity Type | | | Error | Out of state DOR is not eligible for a CEC | If the DOR is OUT OF STATE and CEC of any type is reported, then report the discrepancy as an error. |
| 10051 | Entity Type | | | Error | Unorganized DOR must have a CEC-A | If the DOR is UNORGANIZED (CTDS 000400 or 000500) and the reported CEC is not CEC- A, then report the discrepancy as an error. |
| 10052 | Entity Type | | | Error | The DOR type for a CEC can only be District (nonCharter) or a CTED | If the DOR types for CEC is not DISTRICT or JTED, then report the discrepancy as an error. |
| 10055 | Calendar | | | Error | Calendar/Track can only be Null when used with membership type T or D. | If track number is Null and membership type is not AOI (T) or DRP (D), the report the discrepancy as an error. |
| 10056 | Calendar | | | Error | A student in an AOI may not be submitted with a calendar. | If school is identified as an AOI school, then the track number must be "Null". If the track number is not "Null" then report the discrepancy as an error. |
| 10057 | Enrollment | | | Error | Reported enrollment overlaps with another enrollment | If an enrollment is submitted with overlapping dates, then report the discrepancy as an error. |
| 10058 | Enrollment | | | Error | If a membership has an exit code, it must have an exit date. | If an enrollment has an Exit Status and does not have an Exit Date, then report the discrepancy as an error. |
| 10059 | Enrollment | | | Error | If a membership has an exit date, it must have an exit code. | If an enrollment has an Exit date and does not have an Exit Status then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10061 | Grade | | | Error | Ungraded Elementary (UE) cannot be submitted unless student has Group B SPED participation and is of KG age | If the exit status is a mid year promotion and the next grade level is not greater than the grade level of the row being examined, report the discrepancy as an error. |
| 10062 | Grade | | | Error | If a student is demoted mid-year, the next grade level must be lower than the previous grade. | If the exit status is a mid year demotion and the next grade level is not less than the grade level of the row being examined, report the discrepancy as an error. |
| 10064 | Grade | | | Information | Information - Grade transfer for more than one grade | If a grade and the grade immediately after it are more than 1 grade apart, report the discrepancy as an information. |
| 10065 | Age | | | Error | Student must be at least 5 years old by January 1st to generate funding for kindergarten | If grade = KG, and student is not 5 years old before January 1, then report the discrepancy as an error. |
| 10066 | Age | | | Error | Student must be within 90 days of their third birthday on the first day of membership | If grade = PS, the first day of membership cannot occur before the 90th day prior to the students 3rd birthday, If it does then report the discrepancy as an error. |
| 10067 | Age | | | Error | Change membership/SPED grade to KG or submit a Group B SPED service for each day of UE membership | If a student's grade is UE for ANY period of time in a membership and the student does NOT have an active Group B SPED Service (Group B disabilities: HI, VI, A, MD, SID, MDSSI, OI, ED-P, MOID) for every day he has a membership grade as UE. A child receiving regular instruction in one school (or district) and receiving SPED services in another school (or district) is still eligible for this benefit . |
| 10068 | Enrollment | | | Error | Reported Tuition Payer overlaps with another Tuition Payer for this membership | If Tuition Payer dates overlap, then report the discrepancy as an error. |
| 10069 | Enrollment | | | Error | Tuition Payer assignment is missing for all or part of this membership | If Tuition Payer dates reported have a gap, then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10070 | Attendance | | | Error | For AOI schools this DOA cannot be used with this student's DOR | If the school of attendance is an AOI then DOA must equal DOR. Exception1: If a student in grades 9-12 has a DOR of Elementary not within a HS then DOA may be different from DOR. Exception 2: If a student has a DOR with a role attribute of transporting district then DOA must be different from DOR. |
| 10071 | Attendance | | | Error | Absences must be submitted instead of attendance minutes for this student | If a student is submitted with attendance minutes and the student does not have a homebound need, does not have a grade of PS, or does not attend an AOI school or a school with an alternative program/calendar designation, then report the discrepancy with a warning. |
| 10072 | Attendance | | | Error | Attendance minutes must be submitted insteadof absences for students with a homebound need | If a student has a homebound need, attendance minutes must be reported instead of absences during the homebound need time frame else report the discrepancy with a warning. |
| 10073 | | | | | | If a student has a homebound need and the total attendance minutes is not at least 240 minutes a week then report the discrepancy as a warning. |
| 10074 | | | | | | If student is in PS, and the total attendance minutes is not at least 360 minutes a week then report the discrepancy as a warning. |
| 10075 | Attendance | | | Error | Attendance minutes must be submitted insteadof absences for preschool and AOI students | If student is in PS, attendance minutes must be reported instead of absences else report the discrepancy with a warning. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10081 | Enrollment | | | Error | Student must be withdrawn from prior enrollment before being readmitted | If membership received after previous membership in the same school for this fiscal year and no withdrawal on file for the previous membership, then report the discrepancy as an error. |
| 10082 | Attendance | | | Warning | The absence amount must be less than the membership FTE value on an enrollment day, readmission day, or withdrawal day. | If the Absence amount for any Day of Membership or the Withdrawal Date is greater than the FTE value for that day, then report the |
| 10083 | Enrollment | | | Error | The FTE begin and/or end dates do not occur within the enrollment | If the submitted start date (old FTE start date, New FTE start date) is < the school membership date OR if the date is > the withdrawal date (if one exists), then report the discrepancy as an error. |
| 10084 | Enrollment | | | Error | Membership's entry or withdrawal date falls outside this LEA's session calendar | If the First or Last day of enrollment is not a valid session date in the school's calendar for the track identified in the membership during the fiscal year indicated by this end date, then report the discrepancy as an error. |
| 10085 | Enrollment | | | Error | Membership's FTE beginning or end date falls outside this LEA's session calendar | If the First or Last day of FTE is not a valid session date in the school's calendar for the track identified in the membership during the fiscal year indicated by this date, then report the discrepancy as an error. |
| 10086 | Enrollment | | | Error | Membership's Tuition Payer Code beginning, or end date falls outside this LEA's session calendar | If the First or Last day of Student Tuition Payer Code is not a valid session date in the school's calendar for the track identified in the membership during the fiscal year indicated by this end date, then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10087 | Enrollment | | | Error | Membership's Special Enrollment Code beginning, or end date falls outside this LEA's session calendar | If the First or Last day of Special Enrollment code is not a valid session date in the school's calendar for the track identified in the membership during the fiscal year indicated by this end date, then report the discrepancy as an error. |
| 10088 | Enrollment | | | Error | Membership's DOR beginning or end date falls outside this LEA's session calendar | If the First or Last day of DOR Transfer is not a valid session date in the school's calendar for the track identified in the membership during the fiscal year indicated by this end date, then report the discrepancy as an error. |
| 10089 | Enrollment | | | Error | Student Membership FTE indicates that this student's participation in this school is less than full-time | If grade is greater than KG and Student Membership FTE < 1.0 and school is not a JTED site then, report the possible discrepancy as: Informational message. |
| 10090 | | | | | | If the grade = PS then FTE must equal 0 or 0.5, if not then report the discrepancy as an error. |
| 10091 | Attendance | | | Error | Absence/Attendance date falls outside the enrollment | The date of absence or attendance must be on a valid in-session day for the fiscal year within the membership start and end date, else report discrepancy as an error. |
| 10092 | | | | | | If Absence date is not a valid session day for the Fiscal Year, then report the discrepancy as an error. |
| 10096 | Attendance | | | Error | Attendance minutes are required when the field "In Attendance" is reported. Attendance minutescannot be null or zero | If a student is submitted "In Attendance" and Attendance minutes are not provided, then report the discrepancy with a warning. |
| 10097 | Enrollment | | | Error | A student in an AOI or DRP may not be submitted with a calendar. | If track number is submitted and membership type is AOI (T) or DRP (D), then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10098 | Enrollment | | | Error | A student with a membership type of M or A must be submitted with a calendar | If track number is not submitted for membership type Main or Ancillary, then report the discrepancy as an error. |
| 10099 | Enrollment | | | Error | FTE, Tuition Payer and DOR are required for an enrollment submitted with Membership Type M, A and T. Only DOR is required if Membership Type is P | If an enrollment is submitted without the required elements of Student Membership FTE, Tuition Payer Code, and DOR, then report the discrepancy as an error. |
| 10101 | Enrollment | | | Error | Reported Special Enrollment date overlaps with another Special Enrollment date for this membership | If the Special Enrollment dates overlap, then report the discrepancy as an error. |
| 10102 | Enrollment | | | Error | Special Enrollment date falls outside the enrollment dates | If Special Enrollment dates reported are outside of the enrollment dates, then report the discrepancy as an error. |
| 10103 | Enrollment | | | Error | Reported Membership FTE date overlaps with another Membership FTE date for this membership | If Membership FTE dates overlap, then report the discrepancy as an error. |
| 10104 | Enrollment | | | Error | Membership FTE assignment is missing for all or part of this membership | If Membership FTE dates reported have a gap, then report the discrepancy as an error. |
| 10105 | Enrollment | | | Error | Membership end date must be equal to or greater than entry date | If the Membership end date is before the Membership entry date, then report the discrepancy as an error. |
| 10106 | Enrollment | | | Error | FTE end date must be equal to or greater than entry date | If the FTE end date is before the FTE entry date, then report the discrepancy as an error. |
| 10107 | Enrollment | | | Error | Tuition Payer end date must be equal to or greater than entry date | If the Tuition Payer end date is before the Tuition Payer entry date, then report the discrepancy as an error. |
| 10108 | Enrollment | | | Error | Special Enrollment end date must be equal to or greater than entry date | If the Special Enrollment end date is before the Special Enrollment entry date, then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10109 | Enrollment | | | Error | Attendance minutes are not required for an Excused/unexcused absence | If a student is reported with an excused or unexcused absence and attendance minutes are submitted, then report the discrepancy as an error. |
| 10110 | Enrollment | | | Error | The Tuition Payer Code begin and/or end dates do not occur within the enrollment | If the submitted start date of Tuition Payer Code is < the school membership date OR if the date is > the withdrawal date (if one exists), then report the discrepancy as an error. |
| 10111 | Enrollment | | | Error | The Special Enrollment Code begin and/or end dates do not occur within the enrollment | If the submitted start date of Special Enrollment Code is < the school membership date OR if the date is > the withdrawal date (if one exists), then report the discrepancy as an error. |
| 10112 | Enrollment | | | Error | Public Special Education Institution voucher students do not generate fundable ADM and cannot be reported with a Tuition Payer Code = 1 | If a Public Special Education Institution submits an enrollment transaction with a Tuition Payer Code = 1, then report the discrepancy as an error. |
| 10113 | Enrollment | | | Error | Attendance or absence has been submitted for an enrollment with Membership Type = P or D. Membership Type P determines that student is not enrolled in the school. He is only attending a program. Membership Type D is used to identify a student enrolled in Dropout Recovery Program | If attendance or absence is submitted for a student with MembershipType = P or D then send a warning message. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10114 | | | | | | If attendance minutes or absences are submitted for an enrollment with a Summer Withdrawal Code, then report discrepancy as an error. (Summer Withdrawals cannot have associated attendance minutes or absences.) |
| 10115 | Enrollment | | | Warning | An "Ancillary" membership has been submitted without a "Main" membership or more than one "Main" membership has been submitted during the same enrollment date range | If an "Ancillary" enrollment is submitted without a "Main" membership for that student, or more than one enrollment is submitted with "Main" membership during the same enrollment date range of the “Ancillary”, then report discrepancy as a warning. |
| 10118 | Enrollment | | | Error | Withdrawal code WK requires an enrollment that begins on the next instructional day of the new calendar. | If the withdrawal code is WK and the subsequent enrollment's start date is not the next instructional day of the track of the subsequent enrollment, then report the discrepancy as an error. |
| 10119 | Enrollment | | | Error | Withdrawal code WP requires an enrollment that begins on the next instructional day of the new calendar. | If the withdrawal code is WP and the subsequent enrollment's RP start date is not the next instructional day of the track of the subsequent enrollment, then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10120 | Enrollment | | | Error | Withdrawal code WD requires an enrollment that begins on the next instructional day of the new calendar. | If the withdrawal code is WD and the subsequent enrollment's RD start date is not the next instructional day of the track of the subsequent enrollment, then report the discrepancy as an error. |
| 10121 | Enrollment | | | Error | Entry Type must be NULL for enrollment submitted with Membership Type P and Entry Type should not be NULL if Membership Type is not P | If MembershipType for a given enrollment is P, the EntryType should be NULL. If MembershipType is not P the EntryType should not be NULL. |
| 10122 | Age | | | Warning | Students that are 22 years old and not receiving SPED services are not eligible to state funding | If the Student turns 22 during the current enrollment and is not receiving SPED services on his 22nd birthday, report as an error. |
| 10123 | Enrollment | | | Error | The student's Membership DOR was submitted with an invalid value for Responsibility Descriptor ID. Please direct your vendor to the use case document section: studentEducationOrganizationAssociations. Education Organization should be the DOR | If an invalid value is submitted for Responsibility Descriptor ID (in student membership DOR), then report the discrepancy as an error. |

DRAFT

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10124 | Calendar | | | Error | Calendar/Track {Expected1} is not {Expected2}. | **Rule should check for** flag=true if Calendar is valid else should fail the rule and report an error<br>**Rule should check for** flag=true if Calendar is ADE approved else should fail the rule and report an error<br>**Rule should check for** flag=true if Calendar is Certified else should fail the<br>rule and report an error |
| 10125 | Enrollment | | | Error | The DOR for a membership type C membership must be authorized to serve grades 9-12 and issue a high school diploma or be an elementary district not within a high school district. | DOR for membership type C cannot be a JTED |
| 10126 | En | | | Error | If membership type C is submitted for a school which is not in the list of school provided by SF, then report the discrepancy as an error. | If membership type C is submitted for a school which is not in the list of school provided by SF then report the discrepancy as an error. |
| 10128 | Age | | | Error | A preschool child must be 3 years old, and not yet 5 years old on September 1 | If a student is in PS and 5 years old before September 1st, then report the discrepancy as an error. |
| 10129 | Program | | | Error | The programs for a PCCP student must not be reported at a post-secondary institution | If the programs for a PCCP student are reported at a Post-Secondary Institution, then report the discrepancy as an error. |
| 10130 | Calendar | | | Error | The membership grade or school does not align to its calendar type | If a grade-level or school for a membership does not align with the calendar type, then report the discrepancy as an error. |
| 10131 | Enrollment | | | Error | Preschool students not receiving SPED services must be reported with Tuition Payer code 2 for each day of enrollment. Preschool students on an IEP and receiving SPED services should be reported with Tuition Payer code 1 (regular) or 7 (ASDB voucher) for each day of enrollment. | If a PS enrollment without a SPED Program is not reported with Tuition Payer Code 2 OR a PS enrollment with a SPED Program is not reported with Tuition Payer Code 1, 4 or 7, then report the discrepancy as an error. |

DRAFT

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10132 | Enrollment | | | Error | Any day a student is reported with Tuition Payer Code 4, a SPED program may not be reported. | Students reported with Tuition Payer Code 4 (Non-SPED (NSE) students in residential treatment centers) may not have a SPED Least Restrictive Environment (LRE) reported within the dates of the Tuition Payer Code 4. |
| 10133 | Enrollment | | | Error | Students reported with Tuition Payer code 7 must be reported with a SPED Least Restrictive | Students reported with Tuition Payer Code 7 (Students funded through other state formula programs) must have a SPED Least Restrictive Environment (LRE) reported for all dates of the Tuition Payer Code 7. |
| 10134 | Enrollment | | | Error | Students attending ASDB must be reported with a SPED Least Restrictive Environment (LRE). | Students reported at an Arizona State Schools for the Deaf and the Blind (ASDB) must have a SPED Least Restrictive Environment (LRE) reported for all dates of the ASDB enrollment. |
| 10135 | Exiting | | | Error | An elementary school student may not be graduated. Please review the exit code for the membership and submit grade appropriate exit code. | If the student from grade PS- 8 is submitted with grad code, then report the discrepancy as an error. |
| 10136 | Enrollment | | | Error | An individual student may not have overlapping enrollments submitted at the same school within a given year. | If a school submits more than one student enrollment record within the same start and end dates of an existing enrollment record at the same school, then report the discrepancy as an error. |
| 10137 | Enrollment | | | Error | Enrollments for ASDB regional sites should be reported as the physical site the student is attending. | ASDB regional sites cannot be used for enrollment reporting in AzEDS and are for voucher use only. Please report the ASDB Voucher student at the site the student is physically attending. |
| 10138 | Enrollment | | | Error | Students attending Private Day Schools must be reported with a SPED Least Restrictive Environment (LRE). | Private Day School enrollment must be reported with SPED Least Restrictive Environment for all days of reported enrollment. |

DRAFT

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10139 | Enrollment | | | Error | If a student's membership begins on the first day of the instructional calendar and the student is not in attendance within the first 10 days, then report the discrepancy as an error. (Excludes Pre-school Tuition Payer Code 2) | Any student whose membership begins on the first day of the instructional calendar, must have attendance within the first 10 days of membership. |
| 10140 | Enrollment | | | Error | If a student begins a membership on a day that is not the first instructional day of the calendar, and the student has an absence amount equal to the FTE of the first membership day or no positive attendance, then report the discrepancy as an error. (Excludes Pre-school Tuition Payer Code 2) | If membership is not on the first instructional day, then the student must attend on the first day of membership. |
| 10141 | Enrollment | | | Warning | This warning flags students for which Average Daily Membership (ADM) will not be generated due to missing data. This data was not required prior to FY 2023 but is now necessary for new CTED ADM calculations. | Total community college enrolled credits are missing. Students enrolled in CTED community college school sites will not generate ADM if total community college enrolled credits are not submitted. |
| 10142 | Enrollment | | | Warning | This warning identifies students for which Average Daily Membership (ADM) may not be generated as expected due to a data entry error. Students attending CTED community college school sites generate ADM based on total community college enrolled credits, rather than total planned instructional hours. | Both total community college enrolled credits and total planned instructional hours have been reported for this student. Instructional hours of enrollment should only be reported for a CTED course provided by a community |
| 10143 | Enrollment | | | Error | This error flags students for which Average Daily Membership (ADM) will not be generated due to missing data. This data was not required prior to FY 2023 but is now necessary for new CTED ADM calculations. | Total planned instructional hours are missing. CTED students will not generate ADM at centralized, leased centralized, or satellite sites if total planned instructional hours are not submitted. |
| 10144 | Enrollment | | | Error | This error flags students for which Average Daily Membership (ADM) may not be generated as intended due to a data entry error. Students enrolled in CTED satellite, centralized, and leased centralized school sites generate ADM based on total planned instructional hours, rather than total community college enrolled | Both total community college enrolled credits and total planned instructional hours have been reported for this student. CTED – Satellite, Central Owned and Central Leased memberships do not report Community |
| 10145 | Enrollment | | | Warning | This warning flags students for which more than 1000 total planned instructional hours are submitted. Please verify this is not a data entry error. This data was not used in ADM calculations prior to FY 2023 but is now necessary for new CTED ADM calculations. | More than 1,000 total planned instructional hours submitted. Reported total planned instructional hours should equal total planned instructional time during the student's enrollment. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10146 | Enrollment | | | Warning | This warning flags students for which more than 36 total community college enrolled credits are submitted. Please verify this is not a data entry error. This data was not used in ADM calculations prior to FY 2023 but is now necessary for new CTED ADM calculations. | More than 36 total community college enrolled credits submitted. Reported credits should equal total community college enrolled credits during the student's enrollment. |
| 10198 | | | | | | If track number is not submitted for membership type Main or Ancillary, then report the discrepancy as an error. |
| 10200 | Enrollment | exit | | Error | Students who have already graduated or received a high school diploma are not eligible to enroll in a public school. If an enrollment is submitted for a student who has previously graduated report the discrepancy as error. (Excludes Grade 12 Tuition Payer Code 9, CTED) | Students who have already graduated or received a high school diploma are not eligible to enroll in a public school. If an enrollment is submitted for a student who has previously graduated report the discrepancy as error. |
| 10201 | Enrollment | | | Error | Students enrolled in GCD or DRP must have a corresponding program Association | Students with GCD or DRP memberships should have a corresponding program association (DRP = ProgramType 61 and GCD = Program Type 60). If a Membership Type D or Membership Type G is submitted without a corresponding program association report discrepancy as error. |
| 10203 | Enrollment | | | Error | Attendance minutes expected in the future should not be reported. | If attendance minutes are reported for days after the data capture date then report the discrepancy as error. |
| 10204 | Enrollment | | | Warning | Prepopulated absences are not considered valid and can impact a school's average daily attendance. | If attendance events are reported for days after the data capture date then report the discrepancy as warning. |
| 10205 | Enrollment | | | Error | Student was submitted with more than 24 hours of attendance in a single day. | If a student has attendance minutes exceeding 1440 minutes per day, then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 10206 | Enrollment | | | Error | Students attending ASDB must be reported with Tuition Payer Code 7. | Students attending Arizona State School for the Deaf and Blind (ASDB) sites are funded through the ESS Voucher program and should be reported with Tuition Payer Code 7 (Students funded through other state formula programs). |
| 10207 | Enrollment | | | Error | Students attending a Residential Treatment Center site must be reported with Tuition Payer Code 4 or 7. | Students attending Residential Treatment Center sites are funded through the ESS Voucher program and should be reported with Tuition Payer Code 4 (Non-SPED (NSE) students in residential treatment centers) or 7 (Students funded through other state formula programs). |
| 20000 | | | | | | If a Student has a summer withdrawal, he must have a year-end status from the prior year as well BUT the summer withdrawal and the year-end status don't necessarily have to be from the same school. |
| 20001 | Exiting | | | Error | Withdrawal must occur before last day of school. | If a student withdrawal is submitted on the last scheduled school day in session, report the discrepancy as an error, UNLESS the withdrawal is a W8 (deceased). |
| 20002 | Exiting | | | Error | Submitted readmission activity does not match the previous withdrawal activity code. | If a student is submitted to the same school with an "R" code value and it does not synchronize with its previous "W" code value during the same school year, then report the discrepancy as an error. |
| 20003 | | | | | | If a student changes track mid-year (as reflected by the withdrawal code of WK) then there must be a subsequent membership with the enrollment code EK. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 20004 | Enrollment | | | Error | A student's first enrollment of the school year in a school must be an ‘E’ code. | If the first enrollment of the year in a single track is not submitted with an "E" code for that student/school/grade, then report the discrepancy as an error. |
| 20005 | Enrollment | | | Error | Only one ‘E’ code is allowed for a student/school/grade in a single school year | If multiple "E" codes are submitted for a student/school/grade in a single year, then report the discrepancy as an error. |
| 20006 | | | | | | If Grade is = high school (9-12), then Graduation year must be present. |
| 20009 | Exiting | | | Error | Student can only have a Withdrawal Activity code of W7 (graduated) if student is in grade 9 or above. | If a student is submitted with a withdrawal code of W7 and the grade is less than 9, including UE, then report the discrepancy as an error. |
| 20011 | Enrollment | exit | | Error | New readmission is prior to the withdrawal of the most recent membership during the fiscal year | If the readmission entry date is prior to the Membership date, then report the discrepancy as an error |
| 20012 | Enrollment | exit | | Error | Student must be withdrawn from prior enrollment before being readmitted | If readmission entry date is earlier than the withdrawal date of Membership, then report the discrepancy as an error. |
| 20014 | | | | | | If withdrawal activity code is WT and no subsequent ET enrollment code with a different grade exists then, report the discrepancy as an error. |
| 20015 | Exiting | Grade | | Warning | Database will not populate the normal graduation year; Grade not in high school | If Grade level code = PS, KG, 1st through 8th Grade and normal Graduation Year is not blank. Then report the discrepancy as warning. |
| 20016 | Exiting | | | Error | Student cannot graduate from a CTED | If a JTED Satellite or JTED Main submits a year end code of "G", or exit withdrawal codes of "W7", and "S7", then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 20017 | Exiting | | | Error | Withdrawal code "WP" requires a subsequent enrollment with a higher grade | If withdrawal activity is WP and no subsequent enrollment with a higher grade exists then, report the discrepancy as an error. |
| 20018 | Exiting | | | Error | Withdrawal code "WD" requires a subsequent enrollment with a lower grade | If withdrawal activity is WD and no subsequent enrollment with a lower grade exists then, report the discrepancy as an error. |
| 20019 | | | | Error | | ~~If a withdrawal code of WK is submitted and a subsequent enrollment~~ with an EK enrollment code is submitted witho ut a track change, then report the discrepancy as an error. |
| 20020 | Exiting | | | Error | Withdrawal code "WK" requires a subsequent enrollment with an EK enrollment code | If the withdrawal code is WK and there is not a subsequent enrollment date and code of EK in the same year, then report the discrepancy as an error. |
| 20021 | | | | | | If a student changes track mid-year as reflected by the withdrawal code WK, the subsequent enrollment's start d ate must be on the next instructional day (with an enrollment code of EK). If the subsequent membership does not start on the the next ins tructional day of the track of the new enrollment, then report the discrep ancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 20023 | Exiting | | | Error | Date falls outside this school's calendar | If the withdrawal date is not a valid school date, then report the discrepancy as an error. |
| 20024 | | | | Error | | If a student's withdrawal Date is prior to the enrollment begin date then report the discrepancy as error. |
| 20025 | | | | | | An enrollment record with a withdrawal code must have a withdrawal date before the before last day of school. |
| 20031 | Enrollment | | | Error | The summer withdrawal dates for Summer early graduation (S7) student must be between July 1st and August 31st of the Fiscal Year | If an enrollment is submitted with a summer withdrawal code S7 and entry and exit dates are not between July 1st and August 31st of the Fiscal Year then, report discrepancy as an error. |
| 20033 | | | | Error | | If an enrollment is submitted with a summer withdrawal code for an AOI then report discrepancy as an error. |
| 20037 | | | | | | |
| 20038 | Exiting | | | Error | Withdrawal code "WK" requires subsequent enrollment of UE to KG or KG to UE or a change in calendar code. | If membership has a withdrawal code of WK and the student didn't switch calendars, move from UE to KG, or move from KG to UE, then report the discrepancy as an error. |
| 20099 | | | | Error | If an enrollment is submitted without the required elements of Student Membership FTE, Tuition Payer Code, and DOR, then report the discrepancy as an error. | If an enrollment is submitted without the required elements of Student Membership FTE, Tuition Payer Code, and DOR, then report the discrepancy as an error. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 21000 | Exiting | | | Error | Incorrect Year End Status Code submitted for this student's grade level. | If a student's grade and Year End Status code combination are not an approved combination, then report the discrepancy as an error. |
| 21001 | Exiting | | | Error | Year End Status code needs to be submitted. | All student memberships must have a year-end status code. If a student's grade is PS-12 including UE and the Year End Status code is not submitted by May 1st of the current fiscal year, then report the discrepancy as an error. |
| 21002 | Exiting | | | Error | Withdrawal Code W7 (Graduated) requires a student to have an established cohort year. | If the student's withdrawal activity code = W7 (add W15, S7, G) and the student's cohort year by ADE is not established, then report the discrepancy as an error |
| 21004 | Exiting | | | Warning | Year End Status code needs to be submitted. | All student memberships must have a year-end status code. If a student's grade is PS-12 including UE and the Year End Status code is not submitted by April 1st of the current fiscal year, then report the discrepancy as a warning. |
| 21005 | Exiting | | | Error | Summer withdrawals other than S7 are only valid between July 1 and the first instructional day. | If the withdrawal date is not between July 1 and the first instructional day of track 1 at the DOA and withdrawal type is any summer withdrawal code other than S7 report |
| 21006 | Exiting | | | Error | Student with a summer withdrawal has no year-end status from the prior year. | A student with a summer withdrawal and the exit date after June 30 must have a year end status. The summer withdrawal and the year end status must be from the same school. |
| 21007 | Demographic | | | Error | This student has been reported without a home language. | All students reported in the student table must have at least one corresponding record in the student Language table. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 21008 | Demographic | | | Error | This student has been reported without a race. | All students reported in the student table must have at least one corresponding record in the student race table. |
| 21009 | | | | | | Student records reported with invalid exit withdrawal or year end status code will be reported as errors. Invalid codes include S2, S3, S13, S17, S18,S20, L, SA, SC, SE. |
| 21010 | Exiting | | | Error | The Year End status is outside of the last instructional day and Jun 30th. | If the year end statuses are not between the last instructional day and 6/30(End of FY) then report the discrepancy as an error. |
| 40000 | SPED Need | | | Error | The need code combination does not comply with the Concurrent Need Eligibility matrix. | The SPED matrix defines the validation rules for concurrent SPED needs. For a student receiving special education, the combination of need codes submitted do not comply with the Concurrent Need Eligibility matrix, then report the discrepancy as an error. |
| 40001 | Entity Type | | | Error | Invalid DOA type for SPED services | If the entity types are not DISTRICT, JUVENILE, PUBLIC SPED INSTITUTION, PRIVATE/SPED, HEAD START, CHARTER, then report the discrepancy as an error. |
| 40003 | Entity Type | | | Error | A student may not receive special education at a district-level entity. | If a student is submitted as receiving special education at the entity level, then report the discrepancy as an error. |

DRAFT

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 40004 | SPED Program | | | | The Least Restrictive Environment (LRE) code, grade, or need combination does not comply with the Concurrent Need and Least Restrictive Environment (LRE) Code Eligibility matrix. | If the grade = PS and the Least Restrictive Environment (LRE) code is not PA1, PA2, PB1, PB2, PD, PE, PG, PH1, PH2, PS with an approved need, then report the discrepancy as an error., If the grade = UE and the Least Restrictive Environment (LRE) code is not A, B, C, D, E, ES, FA, FB, FC, H, I, J with an approved need, then report the discrepancy as an error., If the grade is not PS or UE, and the Least Restrictive Environment (LRE) code is not A, B, C, D, E, ES, FA, FB, FC, H, I, J, L with an approved need, then report the discrepancy as an error. |
| 40012 | SPED Program | | | Error | Least Restrictive Environment (LRE) E, ES, FA, FB, FC, J, and PG may not have a Certificate of Educational Convenience (CEC). | If special enrollment code value = CEC and LRE = E, ES, FA, FB, FC, J, or PG, then report the discrepancy as an error. |
| 40020 | SPED Program | | | Error | The Least Restrictive Environment (LRE) does not comply with the Concurrent PEA and Least Restrictive Environment (LRE) Code Eligibility matrix. | The combination of Least Restrictive Environment (LRE) codes submitted for LEA types do not comply with the Concurrent PEA and Least Restrictive Environment (LRE) Code Eligibility matrix. |
| 40027 | SPED Need | SPED Program | | Error | Invalid need code for this Least Restrictive Environment (LRE) code I; refer to the Concurrent Need and Least Restrictive Environment (LRE) Code Eligibility matrix. | If the Least Restrictive Environment (LRE) Code = I, and at least one of the student's need codes is not = MD, A, SID, or OI, then report the discrepancy as an error. Any other need can also be reported with a Least Restrictive Environment (LRE) code of I, ONLY IF student is reported with one of the 4 eligible needs previously listed. |

DRAFT

IDC IDEA DATA CENTER

# [Arizona Education Data Standards] Business Rules [D

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 40029 | SPED Need | SPED Program | | Error | The Least Restrictive Environment (LRE) code and need code combination does not comply with the Concurrent Need and Least Restrictive Environment (LRE) Code Eligibility matrix. | The combination of Least Restrictive Environment (LRE) code and need code do not comply with the Concurrent Need and Least Restrictive Environment (LRE) Code Eligibility matrix. |
| 40031 | SPED Need | | | Error | Site is not approved to provide this need code or is not approved within reported dates, refer to the Approved Private School lists. | For PUBLIC SPED INSTITUTION and PRIVATE/SPED, the site must be approved to service the student's need code and within approved dates for that need. |
| 40034 | SPED Need | | | Error | Students attending ASDB must be submitted with need code HI and/or VI to be eligible for any other need. | If the DOA is ASDB, and the student's Need VI and/or HI is not present then report the discrepancy as an error. |
| 40035 | SPED Need | Grade | | Error | Invalid need code for PS grade; refer to Concurrent Need and Least Restrictive Environment (LRE) Code Eligibility matrix. | If the grade = PS, and the need code is EDP, then report the discrepancy as an error. |
| 40040 | SPED Need | | | Error | Student is reported concurrently with a Least Restrictive Environment (LRE) code at a different DOR. Contact {Actual1} to determine which school(s) have been concurrently identified as the DOR. | If concurrent Least Restrictive Environment (LRE) for a single student are reported with different DORs, fail integrity for all DORs. |
| 40041 | Age | SPED Need | | Error | Invalid age for need code DD. | If a student is submitted with a DD need code and the student is not less than 10 years of age, then report the discrepancy as an error. |
| 40044 | SPED Program | | | Error | There is more than one Least Restrictive Environment (LRE) code specified at a single point in time for this need. | If concurrent Least Restrictive Environment (LRE) codes exist during the reported dates for a single SPED need, then report the discrepancy as an error. |

DRAFT

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 40046 | SPED Exit | | | Error | SPED Exit Reasons 2 or 3, are not allowed for preschool. | If student grade is PS and SPED Exit Reason is invalid for PS (code 2 "Graduated with regular high school diploma", or code 3 "Reached maximum age"), then report the discrepancy as an error. |
| 40048 | SPED Program | | | Error | Student must have a Least Restrictive Environment (LRE) with a start date > the latest exit date of a SPED Exit code 9. | If the Least Restrictive Environment does not have a start date > the latest exit date of Least Restrictive Environment with a SPED Exit code 9 (Ends one LRE but starts another), then report the discrepancy as an error. |
| 40050 | SPED Need | | | Error | Student participating in special education must have one Federal Primary Need Indicator (FPNI). | If a student with a SPED need does not have one Federal Primary Need Indicator (FPNI) and receiving special education, then report the discrepancy as an error. |
| 40051 | SPED Need | | | Error | Student participating in special education must have only one Federal Primary Need Indicator (FPNI). | If a student is reported with more than one Federal Primary Need Indicator (FPNI), then report the discrepancy as an error. |
| 40055 | SPED Exit | | | Error | Invalid exit code combination; refer to the SPED Exit Validation matrix. | If a student's SPED Exit Reason does not align with the student's enrollment year end or withdrawal enrollment status, then report the |
| 40057 | SPED Program | | | Error | One or more schools have been identified as the Main school providing special education. Please contact {Actual1} to determine which school(s) have concurrently reported the Main SPED School Indicator. | If a student has a concurrent Main SPED School Indicator of primary at multiple schools, then report the discrepancy as an error. Note that multiple schools may report Main SPED School Indicator of secondary. |

DRAFT

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 40059 | SPED Program | | | Error | Student must be reported within 6 in-session days with Least Restrictive Environment (LRE) code H after exiting a prior LRE with SPED exit code 11. | If SPED exit code 11 is submitted, and the subsequent Least Restrictive Environment (LRE) code is not H within 6 in-session days, then report the discrepancy as an error. |
| 40061 | SPED Program | | | Error | Least Restrictive Environment (LRE) falls outside this PEA's calendar {Actual1}. | If special education is not provided on a valid session day in the school's calendar identified in the enrollment, then report the discrepancy as an error. |
| 40062 | SPED Program | | | Error | For each day there is a Least Restrictive Environment (LRE) provided, a SPED need must be reported. | If a Least Restrictive Environment (LRE) is submitted for a student without a SPED need, then report the discrepancy as an error. |
| 40063 | SPED Need | | | Error | SPED need exit date must be greater than SPED need entry date. | If the SPED need end date is less than the SPED need entry date, then report the discrepancy as an error. |
| 40064 | SPED Program | | | Error | Least Restrictive Environment (LRE) end date must be greater than LRE entry date. | If the Least Restrictive Environment (LRE) end date is less than the LRE entry date, then report the discrepancy as an error. |
| 40065 | SPED Need | | | Error | Invalid need code combination for MD; refer to the Criteria for MD and MDSSI Document. | If a need code of MD is submitted without at least one of HI, MOID, OI, VI and at least one of ED, MIID, SLD or two or more of HI, MOID, OI, VI, then report the discrepancy as an error. |

DRAFT

| Rule ID | Data element #1 | Data element #2 | Other data elements | Edit type or severity | Error message | Error definition or edit logic |
|---|---|---|---|---|---|---|
| 40066 | SPED Program | | | Error | The Special Education Setting must match the program name | If the submitted Least Restrictive Environment (LRE) does not match the program name, then report the discrepancy as an error. |
| 40067 | SPED Program | | | Error | Missing Main SPED school indicator. | If a Least Restrictive Environment (LRE) is submitted for a student without Main SPED School indicator, then report the discrepancy as an error. |
| 40068 | SPED Program | | | Error | If SPED need code ED is submitted and DOA is an RTC, only LRE Code ES is permitted. | Least Restrictive Environment (LRE) code of E cannot be reported with need code of ED at a Residential Treatment Center; only LRE code ES is permitted. |
| 40069 | SPED Program | | | Error | Least Restrictive Environment (LRE) must be within a valid enrollment at a school. Please note the error may be caused by a student not having valid enrollment due to missing DOR, grade or calendar. | Least Restrictive Environment (LRE) must be within a valid enrollment at a school. Please note the error may be caused by a student not having valid enrollment due to missing DOR, grade or calendar. |
| 40070 | SPED Need | | | Error | Invalid need code combination for MDSSI; refer to the Criteria for MD and MDSSI Document. | Need categories that must exist for MDSSI to be valid are: HI and VI, or one of HI or VI, and at least one of A, EDP, MOID, OI, SID. |
| 40071 | SPED Exit | | | Error | SPED Exit code 10 may only be used for student 3-5 yrs old, enrolled in PS, KG or UE grade, and exited from enrollment on | Least Restrictive Environment (LRE) exit code 10 (Withdrawn by Parent and no Longer |

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 1. Graduation**

| **Data source for Indicator 1 *(results indicator)*:**<br>EDPass file specification: FS009—Children with Disabilities (IDEA) Exiting Special Education | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | April 30, 2024 |
| **Scheduled review date** | |

## Essential Elements

### Indicator Description*

Percent of youth with IEPs exiting special education due to graduating with a regular high school diploma.

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Measurement*

States must report a percentage using the number of youths 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 special education (ages 14–21) in the denominator.

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
e. dropped out

Data for this indicator are "lag" data. Examine the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022–23).

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Stakeholder Engagement

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

DRAFT

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

As data and other information became available after the close of the 2020–2021 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. Groups represented on the panel include parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. In addition to the SEAP meetings, ADE solicited input on targets from the following stakeholder groups:

- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort

These efforts resulted in 214 stakeholders who completed the SPP/APR surveys. Sixty-two of these were parents. These stakeholders represented a variety of races/ethnicities. Survey completers identified their primary roles as individuals with a disability, community members, special education professionals, agency representatives, parent/guardians, or vocational/business professionals.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

**Target Setting**

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

Every stakeholder meeting was organized and facilitated by ADE/ESS. It was imperative for the presenter to keep the audience in mind when preparing for a target-setting forum. Meetings where many of the stakeholders were parents, and familiar with special education terminology, were conducted slightly differently than meetings where the parents were not familiar with the technical language of special education. During meetings where parents were more acquainted with special education jargon, the presenter defined each indicator as it is written in the SPP/APR. Groups of this nature already had a background understanding of how the indicators impacted the State, and they understood the importance of setting targets. For parents outside of the special education field, a simplified definition of each indicator was given with a greater emphasis placed on how the indicator could relate to them and their child. For these groups, it was helpful to make a personal connection. For example, the exercise of setting targets for the SPP/APR was made analogous to setting goals for their child's IEP. Establishing that each group understood the indicator was the first step to ensuring participants were engaged in the target-setting process. The second step was the presentation of the data, and the third step was having the stakeholders vote for targets via an electronic survey.

DRAFT

To solicit feedback from a broad set of stakeholders regarding the SPP/APR targets, the State invited various groups to facilitated, remote forums. Stakeholders were notified of these invitations through a variety of means, including targeted electronic mailing lists, social media platforms, and the State website. At the six, one-hour sessions held in conjunction with Raising Special Kids (RSK), a Spanish interpreter was available and the target- setting surveys were accessible in both English and Spanish. At SEAP meetings, a sign language interpreter was present. When requested, closed captioning and a transcript were provided.

Beginning in September 2021, the presentation slides used at SEAP meetings of indicator data and proposed targets, as well as a video recording of the meetings, were posted on the State website.
Each target-setting meeting began with the attendees understanding the important role they played in setting the State targets. During the presentation of every indicator, the attendees were guided through the target-setting process by first receiving the indicator's definition, data source, measurement, and historical data. A survey was used to collect the feedback on the proposed targets. One week after presenting to a particular stakeholder group, the constituents were sent a follow-up email reminding them, had they not done so, to complete the survey. Stakeholders in the group who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. For preschool directors who were unable to attend a live session, surveys were sent along with an embedded video presenting the historical data as well as the rationale for the target-setting options. The surveys were open from September 2021 to December 2021.

Additional information on target setting may be found at the link above.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operational Support, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov

DRAFT

### Data Source Description

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Exiting protocol for description of data.

Data for this indicator are "lag" data. States must examine the number of LEAs reported in the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022–23, found in the 2022 SPP/APR introduction).

Use the same data as used for reporting to the Department of Education under Section 618 of IDEA, using the definitions in the EDPass FS009—Children with Disabilities (IDEA) Exiting Special Education file specification.

Data imported from AzEDS are processed within SEDD application. Data are provided to LEAs for review. LEAs make adjustments if allowed within a given timeline. Once collection period is over, data become static for use and production.

### State Collection and Submission Schedule

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

## Processes

### Collection

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Exiting protocol for information related to the collection of these data.

LEAs submit data through AzEDS which is then processed by IT department to push to application databases. Data management compiles data as required to provide to DOS and SPP/APR Coordinator for eventual presentation to ESS leadership.

### Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Exiting protocol for information related to validating these data.

Once collection is closed, data management reviews LEA data across the state to determine if there are anomalies or gaps with student data. IF inconsistencies are found, data management works with leadership to determine if corrections will be accepted or a modification of data is needed. Once data are validated by leadership and data management, it is prepared for submission into EDFacts.

### Data Analysis

Describe the process for data analysis.

DRAFT

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

Data are reviewed by Data Management for logical review. DOS reviews with ESS leadership on trend analysis and landscape analysis by disability category and other subgroups. Any inconsistencies may lead to further discussion with stakeholder groups.

**Response to OSEP-Required Actions**

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Current process: draw down reports through SPP/APR Coordinator, data stewards, or EdFACTS coordinator; meet internally with stakeholders to discuss trend differences or logical fallacies provided by OSEP. Once review completed, feedback goes to ESS leadership for any edits/adjustments; provided back to appropriate individual responsible for submitting data note or data files (SPP/APR would be HD or SS; lead specialist on data team coordinators with EdFACTS; also have backups internally); get confirmation it's been successfully completed. Only ESS leadership can actually submit. Once OSEP determinations have been received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Report on Correction of Identified Noncompliance**

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Not applicable.

DRAFT

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

DOS reviews data with lead data management specialist for initial approval then DOS seeks approval from State Director and Assistant State Director. Process should be completed 14 days prior to SPP/APR due date.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

Measurement data are prefilled in the online SPP/APR submission tool. State Director and Assistant State Director can certify final report.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 1 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to

DRAFT

publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles).

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 2. Dropout**

| **Data source for Indicator 2 *(results indicator)*:**<br>EDPass file specification: FS009—Children with Disabilities (IDEA) Exiting Special Education | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | April 30, 2024 |
| **Scheduled review date** | |

## Essential Elements

### Indicator Description*

Percent of youth with IEPs who exited special education due to dropping out.

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Measurement*

States must report a percentage using the number of youths 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.

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
e. dropped out

Data for this indicator are "lag" data. Examine the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022–23).

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.

DRAFT

ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

As data and other information became available after the close of the 2020–2021 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. Groups represented on the panel include parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. In addition to the SEAP meetings, ADE solicited input on targets from the following stakeholder groups:

- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort

These efforts resulted in 214 stakeholders who completed the SPP/APR surveys. Sixty-two of these were parents. These stakeholders represented a variety of races/ethnicities. Survey completers identified their primary roles as individuals with a disability, community members, special education professionals, agency representatives, parent/guardians, or vocational/business professionals.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

**Target Setting**

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

Every stakeholder meeting was organized and facilitated by ADE/ESS. It was imperative for the presenter to keep the audience in mind when preparing for a target-setting forum. Meetings where many of the stakeholders were parents, and familiar with special education terminology, were conducted slightly differently than meetings where the parents were not familiar with the technical language of special education. During meetings where parents were more acquainted with special education jargon, the presenter defined each indicator as it is written in the SPP/APR. Groups of this nature already had a background understanding of how the indicators impacted the State, and they understood the importance of setting targets. For parents outside of the special education field, a simplified definition of each indicator was given with a greater emphasis placed on how the indicator could relate to them and their child. For these groups, it was helpful to make a personal connection. For example, the exercise of setting targets for the SPP/APR was made analogous to setting goals for their child's IEP. Establishing that each group understood the indicator was the first step to ensuring participants were engaged in the target-setting process. The second step was the presentation of the data, and the third step was having the stakeholders vote for targets via an electronic survey.

To solicit feedback from a broad set of stakeholders regarding the SPP/APR targets, the State invited various groups to facilitated, remote forums. Stakeholders were notified of these invitations through a variety of means, including targeted electronic mailing lists, social media platforms, and the State website. At the six, one-hour sessions held in conjunction with Raising Special Kids (RSK), a Spanish interpreter was available and the target- setting surveys were accessible in both English and Spanish. At SEAP meetings, a sign language interpreter was present. When requested, closed captioning and a transcript were provided.

DRAFT

Beginning in September 2021, the presentation slides used at SEAP meetings of indicator data and proposed targets, as well as a video recording of the meetings, were posted on the State website.

Each target-setting meeting began with the attendees understanding the important role they played in setting the State targets. During the presentation of every indicator, the attendees were guided through the target-setting process by first receiving the indicator's definition, data source, measurement, and historical data. A survey was used to collect the feedback on the proposed targets. One week after presenting to a particular stakeholder group, the constituents were sent a follow-up email reminding them, had they not done so, to complete the survey. Stakeholders in the group who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. For preschool directors who were unable to attend a live session, surveys were sent along with an embedded video presenting the historical data as well as the rationale for the target-setting options. The surveys were open from September 2021 to December 2021.

Additional information on target setting may be found at the link above.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov

**Data Source Description**

DRAFT

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Exiting protocol for description of data.

Data for this indicator are "lag" data. States must examine the number of LEAs reported in the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022–23, found in the 2022 SPP/APR introduction).

Use the same data as used for reporting to the Department of Education under Section 618 of IDEA, using the definitions in the EDPass FS009—Children with Disabilities (IDEA) Exiting Special Education file specification.

Data imported from AzEDS are processed within SEDD application. Data are provided to LEAs for review. LEAs make adjustments if allowed within a given timeline. Once collection period is over, data become static for use and production.

### State Collection and Submission Schedule

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

## Processes

### Collection

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Exiting protocol for information related to the collection of these data.

LEAs submit data through AzEDS which is then processed by IT department to push to application databases. Data management compiles data as required to provide to DOS and SPP/APR Coordinator for eventual presentation to ESS leadership.

### Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Exiting protocol for information related to validating these data.

Once collection is closed, data management reviews LEA data across the state to determine if there are anomalies or gaps with student data. IF inconsistencies are found, data management works with leadership to determine if corrections will be accepted or a modification of data is needed. Once data are validated by leadership and data management, it is prepared for submission into EDFacts.

### Data Analysis

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

DRAFT

Data are reviewed by Data Management for logical review. DOS reviews with ESS leadership on trend analysis and landscape analysis by disability category and other subgroups. Any inconsistencies may lead to further discussion with stakeholder groups.

### Response to OSEP-Required Actions

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Current process: draw down reports through SPP/APR Coordinator, data stewards, or EdFACTS coordinator; meet internally with stakeholders to discuss trend differences or logical fallacies provided by OSEP. Once review completed, feedback goes to ESS leadership for any edits/adjustments; provided back to appropriate individual responsible for submitting data note or data files (SPP/APR would be HD or SS; lead specialist on data team coordinators with EdFACTS; also have backups internally); get confirmation it's been successfully completed. Only ESS leadership can actually submit. Once OSEP determinations have been received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

### Report on Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Not applicable.

### Internal Approval Process

Describe any internal approval processes (e.g., who must sign off, timelines).

DRAFT

DOS reviews data with lead data management specialist for initial approval then DOS seeks approval from State Director and Assistant State Director. Process should be completed 14 days prior to SPP/APR due date.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

Measurement data are prefilled in the online SPP/APR submission tool. State Director and Assistant State Director can certify final report.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 1 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles).

DRAFT

IDC | SEA Data Processes Toolkit

# Protocol: **Indicator 3. Assessment**

**Data sources for Indicator 3 *(results indicator)*:**

- EDPass file specification: FS175—Academic Achievement in Mathematics
- EDPass file specification: FS178—Academic Achievement in Reading and Language Arts
- EDPass file specification: FS185—Assessment Participation in Mathematics
- EDPass file specification: FS188—Assessment Participation in Reading and Language Arts

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | August 27, 2024 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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 for all students against grade level academic achievement standards.

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

## Measurement*

**3A. 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.

**3B. 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.

**3C. 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.

**3D. Proficiency rate gap** = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children enrolled for a full academic year and those not enrolled for a full academic year.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

## Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

DRAFT

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

### Target Setting

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

Target setting is conducted every time there is a change to the methodology, or there is a new SPP/APR package. Aside from these required target-setting times, targets and baselines can be changed, if necessary, with stakeholder input, with sufficient rationale for the changes, and with OSEP approval. Broad stakeholder input is required throughout the process of target setting.

To engage stakeholders, the SEA needs to explain to stakeholders the factors that may influence the target-setting process (e.g., changes in budget, initiatives, recent national or state emergencies, and recent measurement changes. The SEA needs to think about how these factors might influence performance in future years. The SEA might also look at the state's history from previous years as a prediction for the future. Keep in mind that growth is not likely to be linear, as a PEA gets closer to 0 or 100, the progress can be smaller. When thinking about targets, the SEA also needs to consider if the state met its previous targets for each of the indicators. If so, is the same level of change appropriate for setting the new targets? If not, what factor(s) have served as barriers to prior efforts?

DRAFT

After the SPP/APR coordinator lays the foundational knowledge for the indicator, there can be a vote as to which targets would be most rigorous yet attainable. Survey data can be used through Survey Monkey. When gathering feedback, ADE solicited feedback from the stakeholder groups listed below:

- SEAP
- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort
- Special Education Professional Forum (monthly virtual meetings)

Stakeholders who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. For preschool directors who were unable to attend a live session, surveys were sent along with an embedded video presenting the historical data as well as the rationale for the target-setting options. The surveys were open from September 2021 to December 2021.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

### Online SPP/APR Submission Tool Information

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

### Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

DRAFT

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov – collection, validation, analysis, reporting
State Director of Assessment, Audra Ahumada audra.ahumada@azed.gov – collection and validation
Director of Alternate Assessment, Bethany Spangenberg Bethany.spangenberg@azed.gov – collection and validations
Director of Psychometrics, Anju Kuriakose anju.kuriakose@azed.gov – collection, validation, analysis
EdFacts Coordinator, John Eichman john.eichman@azed.gov - reporting

## Data Source Description

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Assessment protocol for description of data. Prefilled with 618 data by the online SPP/APR submission tool.

3A. Same data as used for reporting to the Department of Education under Title I of ESEA,* using EDPass file specifications FS185 and FS188.
3B. Same data as used for reporting to the Department of Education under Title I of ESEA, using EDPass file specifications FS175 and FS178.
3C. Same data as used for reporting to the Department of Education under Title I of ESEA, using EDPass file specifications FS175 and FS178.
3D. Same data as used for reporting to the Department of Education under Title I of ESEA, using EDPass file specifications FS175 and FS178.

**Elementary and Secondary Education Act*

State uses IDC tool to look at this data prior to prepopulating by OSEP in the SPP/APR.

## State Collection and Submission Schedule

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Data may be collected until June 30 and data cleaning begins then. By July 15, data are ready for different reports that are needed. Calendars may be found at https://www.azed.gov/sites/default/files/2023/04/Assessments%20Overview%202023-2024.pdf and https://www.azed.gov/sites/default/files/2023/08/Detailed%20Testing%20Calendar%202023-2024.pdf

DRAFT

# Processes

## Collection

Provide detailed information about the origin and collection of the data, including titles of the persons responsible.

- 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, and 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.
- 3B: Proficiency calculations must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics (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: Proficiency calculations must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics (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.
- 3D: Gap calculations must result in the proficiency rate for children with IEPs who were proficient against grade level academic achievement standards compared to the proficiency rate for all students who were proficient against grade level academic achievement standards. 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.

PEAs upload data until June 30 into AZEDS; vendors also collect data; ADE has built File Metrics application to marry the data from AZEDS to the assessment data results from vendor. These data must be finalized for finance by mid-July. PEAs can go into system for another year for example if the students moves between PEAs.

Corrections application – when data come from vendor, upload data from AZEDS and provide the relevant data back to vendor. They can also manually enter a student if the student enters late; can also correct errors such as spelling, birthdate, student id number. Put through corrections app to ensure the data are coming through accurately. Frequent reminders to schools/PEAs to correct data because data won't be included until it's corrected. This helps PEAs/schools own their data and ensures data are valid.

Every summer, collect for every assessment new test coordinator assessment form to update every entity that will test (private school, homeschool, public, etc.; this info provides list of peple who can access system and add students; very regimented processes. Provide to vendors an organization list of all testing entities. Also provide list of students expected to test to vendor. Try to control quality of this data as much as possible, but vendor has small window to enter new student. There is a work request that school has to complete for vendor to make this happen.

## Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Assessment protocol for information related to validating these data.

Confirm that the assessment office for the state will review, verify, and validate assessment data for all students, including students with disabilities. Work with the assessment data steward to review the data validation and cleaning processes for the students with disabilities (IDEA) subgroup. Validate data and Accountability sends to schools; AZEDS has info about which students have disabilities and match that. Although assessment portal has a place for school to enter disability, don't use any info entered at school; instead match at state level.

DRAFT

State Assessment Director and EdFacts Coordinator work together to ensure that the responses pertaining to the assessment of students with disabilities (IDEA) in the E*MAPS* Assessment Metadata Survey are correct and up to date. Vendor provides information about accommodations used by students.

To reduce or eliminate errors and subsequent followup, consult with both assessment and ED*Facts* staff early to report accurate assessment data and metadata. When needed, document procedures to address and remedy data quality issues when the Department comments on them in the data quality reports. See information about correction application above. EdFacts coordinator is checking to ensure everything is in place as seen in the Assessment Data Mart.

## Data Analysis

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

Compare trends for 5 years (when available) to identify increases/decreases/flatlines, anomolies in among PEAs and subject areas. For any significant anomalies, will dig deeper into the PEA's data working with Assessment to look at root causes. Relationships among offices are critical for this area.

## Response to OSEP-Required Actions

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Current process: draw down reports through SPP/APR Coordinator, data stewards, or EdFACTS coordinator; meet internally with stakeholders to discuss trend differences or logical fallacies provided by OSEP. Once review completed, feedback goes to ESS leadership for any edits/adjustments. Only ESS leadership can actually submit. Once OSEP determinations have been received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 3 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

## Report on Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?

DRAFT

- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Not applicable.

### Internal Approval Process

Describe any internal approval processes (e.g., who must sign off, timelines).

Assessment data are obtained from vendor and all are validated and checked. Once Director of Psychometrics has approved, it's imported into server, matched in AZEDS, accountability checks and sends back to schools; corrections app is run; as errors are corrected, match back to AZEDS; all demographics are matched into Data Mart. After Accountability is done with first release (schools have attested the data are correct), it goes to EdFacts Coordinator to release to public and upload into EMAPS.

### Submission

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

Prefilled with 618 data by the online SPP/APR submission tool. Measurement data are prefilled in the online SPP/APR submission tool. State Director and Assistant State Director can certify final report.

### Clarification

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 3 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

### Data Governance

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape.

### Public Reporting

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,

DRAFT

b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

Accountability posts once all data validated. OSE has had to work with this office to ensure the level of depth of reporting required by OSEP is there. Public reporting for this must be done by Nov. 1. https://www.azed.gov/accountability-research/data.

The SPP/APR Coordinator publishes the state and PEA performance by Indicator within the required timeline. ESS publicly reports on information pertinent to state (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles). https://azed.gov/specialeducation/sppapr

DRAFT

IDC | SEA Data Processes Toolkit

# Protocol: **Indicator 4A. Suspension and Expulsion: Percent of LEAs With Significant Discrepancy**

**Data sources for Indicator 4A *(results indicator)*:**

- EDPass file specification FS006—Children with Disabilities (IDEA) Suspensions/Expulsions
- State discipline data that includes suspension and expulsion information on students with and without disabilities

| | |
|---|---|
| **State/SEA** | Arizona/ADE |
| **Protocol completion date** | 1/21/2025 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

Percent of LEAs 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.

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Measurement*

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

Include State's definition of "significant discrepancy."

Data for this indicator are "lag" data. Examine the data for the school year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022–23).

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Stakeholder Engagement

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build capacity of, a diverse group of parents to support implementation activities designed to improve outcomes, including target setting

and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress. This includes

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSKst's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website

DRAFT

are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

## Target Setting

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

Target setting is conducted every time there is a change to the methodology, or there is a new SPP/APR package. Aside from these required target-setting times, targets and baselines can be changed, if necessary, with stakeholder input, with sufficient rationale for the changes, and with OSEP approval. Broad stakeholder input is required throughout the process of target setting.

To engage stakeholders, the SEA needs to explain to stakeholders the factors that may influence the target-setting process (e.g., changes in budget, initiatives, recent national or state emergencies, and recent measurement changes. The SEA needs to think about how these factors might influence performance in future years. The SEA might also look at the state's history from previous years as a prediction for the future. Keep in mind that growth is not likely to be linear, as a PEA gets closer to 0 or 100, the progress can be smaller. When thinking about targets, the SEA also needs to consider if the state met its previous targets for each of the indicators. If so, is the same level of change appropriate for setting the new targets? If not, what factor(s) have served as barriers to prior efforts?

After the SPP/APR coordinator lays the foundational knowledge for the indicator, there can be a vote as to which targets would be most rigorous yet attainable. Survey data can be used through Survey Monkey. When gathering feedback, ADE solicited feedback from the stakeholder groups listed below:

- SEAP
- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort
- Special Education Professional Forum (monthly virtual meetings)

Stakeholders who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. For preschool directors who were unable to attend a live session, surveys were sent along with an embedded video presenting the historical data as well as the rationale for the target-setting options. The surveys were open from September 2021 to December 2021.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

## Online SPP/APR Submission Tool Information

Describe login information, including

DRAFT

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

a. People who have access include: EDFacts Coordinator, The SPP/APR Coordinator ,SSIP Coordinator, Assistant State Director and State Director

b. Types of access: EDFacts Coordinator (?), SPP/APR Coordinator (read/write), SSIP Coordinator (read/write), Assistant State Director (read/write/submit), State Director (read/write/submit).

c. Permissions are controlled by state director of ESS in communication with director of federal programs; permissions are also coordinated with EDFacts coordinator.

d. Support with the SPP/APR submission tool is offered by emailing EDFacts@ed.gov

## Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Part B Data Manager and Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Manager Specialist, Maile Faubion maile.faubion@azed.gov – validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov - analysis
Data Analysis Specialist, Adam Zogut adam.zogut@azed.gov – analysis
EdFACTS Coordinator, John Eickman john.eickman@azed.gov

## Data Source Description

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Discipline data protocol.

Data for this indicator are "lag" data. States must examine the number of LEAs reported in the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022–23, found in the 2022 SPP/APR introduction).

Use the same data as used for reporting to the Department under IDEA Section 618, using the definitions in the EDPass FS006 file specification. In addition, if the state uses the measurement option that compares the rate of suspensions and expulsions of students with disabilities to the rate of these same types of removals of students without disabilities, state discipline data that includes information on the suspension and expulsion of students with and without disabilities may be needed.

DRAFT

ADE compares rates of suspension/expulsion for children with IEPs among LEAs within State.

### State Collection and Submission Schedule

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

a. The data collection period opens July 1 of previous year

b. Data are due in Febrary as determined by EdFacts. Any correction must be made by July 15 of reporting year.

c. Assigned SEA staff plans to pull the data as soon as possible after July 15 for calculations regarding signficant disproportionality and PEA Determinations. We are currently rewriting the query so we need to wait until this October with a plan to pull the data at the end of July in future years.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

## Processes

### Collection

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Discipline protocol for information related to the collection of these data.

Schools enter discipline data into their student information system (SIS). PEAs submit their data to AzEDS through whatever vendor they are using; there should be a discipline reporting module in whatever software the PEA is using. This will be the first year PEAs are submitting into AzEDS. Previously were using another discipline app. Have discipline guidance manual in draft and hopefully on website by next week. This manual will include behavior descriptors, how to code, type of removal, discipline data integrity (potential errors in submission), and FAQ. Expectation is data will be pulled by ESS IT from Data Mart and populated into sped app (still working on this). App should be similar to Table 5 format. System opens July 1 and schools are to enter as offenses occur. Once populated, it will be open to PEAs to review for accuracy.

Data for students without disabilities is collected through SEDD.

### Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Discipline protocol for information related to validating these data.

During year, ESS reviews live data throughout the year to ensure PEAs are cleaning up any data integrity errors. If PEAs submit data that appears inaccurate. ADE reaches out to ask for clarification. Do year-by-year reviews for anything that seems out of the ordinary and ask PEA for clarification.

DRAFT

## Definition and Methodology

Describe the state's definition and methodology used to determine significant discrepancy. Also, describe 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's definition and methodology should include the

- comparison option the state uses, either
  - **Option 1**: rates of suspensions and expulsions for children with IEPs among LEAs within the state, or
  - **Option 2**: rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs.
- minimum *n* and/or cell size—the value and a description thereof (e.g., a state's *n*-size of 15 represents the number of children with disabilities enrolled in an LEA).
- calculation method used to determine the discrepancy.
- threshold at which the discrepancy is determined as significant.

Arizona utilizes a rate ratio methodology similar to significant disproportionality but only for children with disabilities who had suspensions and expulsions exceeding 10 days in a school year.

Rate ratio = PEA-level suspension/expulsion rate for children with disabilities ÷ state-level suspension/expulsion rate for children with disabilities.
The cell (numerator) is unique children with disabilities in a PEA that were suspended or expelled greater than 10 days in a school year.
The N (denominator) is unique children with a disability in the state that were suspended or expelled greater than 10 days in a school year.
The minimum cell and/or n-size: Minimum n (risk denominator) size = 10 and Minimum cell (risk numerator) size = 0

The level at which significant discrepancy is identified: 2.0 (or 2 times as likely) each year over 3 years. The PEA-level suspension/expulsion rate for children with disabilities is above the state-level rate of state-level suspension/expulsion rate for children with disabilities. Arizona aligns this level with a process similar to significantly disproportionality and resources provided by the IDEA Data Center. https://ideadata.org/sites/default/files/media/documents/2017-09/measuring_significant_discrepancy-an_ind.pdf

## Data Analysis

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

Each year, the SPP/APR Coordinator conducts an analysis to assess whether the targets for each indicator have been met. In the event of slippage, the Coordinator collaborates with the indicator lead to review historical trends at the PEA level. Additionally, if slippage is identified, the responsible team examines potential contributing factors that may have influenced the results. This year, ESS has hired a Data Analysis Specialist to assist the team with the analyzing the results. That person will help to agency to identify patterns, trends, and contributing factors.

## Response to OSEP-Required Actions

DRAFT

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 4 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

## Report on Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Not applicable.

## The Review of Policies, Procedures, and Practices

Describe the process for 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, including the process of identifying noncompliance in the LEA's policies, procedures, and practices. Discuss the tools used and the persons responsible for conducting this review.

Arizona required the identified PEAs to maintain special education policies and procedures in compliance with all regulatory requirements before Part B IDEA Entitlement funds could be approved by ADE/ESS. ADE/ESS specialists conduct on-site visits and/or desk audits to validate the policies and procedures made by the PEAs during a programmatic monitoring. Upon completion of the reviews, Arizona determined whether the PEAs complied with IDEA requirements that pertain to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

DRAFT

Below are questions that are in the DMS 2.0 Discipline template

| |
|---|
| Policies and procedures related to IEP requirements and discipline including where discipline is addressed in the State's procedural safeguards related to discipline procedures |
| Policies and procedures, if any, that are in effect to address the needs of a child whose behavior impedes the child's learning or the learning of other children |
| Policies and procedures, if any, that are in effect to: (1) ensure that the initial evaluation or reevaluation uses a variety of assessment tools and strategies to gather relevant functional (e.g. behavioral), developmental, and academic information about the child and, (2) ensure that the child is assessed in all areas related to the suspected disability, including, if appropriate social and emotional status? 34 C.F.R. §§ 300.304(b) and (c)(4); 34 C.F.R. §§ 300.304 through 300.311. |
| Policies and procedures related to conducting an FBA and the development, review and modification of a BIP 34 C.F.R. §§ 300.530(f)(1) and (2) |
| Policies and procedures, if any, to address the circumstances for which IEP teams are required to use FBAs and BIPs 34 C.F.R. §§ 300.530(f)(1) and (2) |
| Examples of any technical assistance, guidance, or other systemic support, provided to LEAs, if applicable, to prevent and/or address behaviors that are inconsistent with school expectations |

### Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for ensuring that the child-specific and regulatory or systemic noncompliance are corrected. The actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

Additionally, how does the state revise (or require the affected state agency or LEA to revise) the policies, procedures, and practices related 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 34 C.F.R. § 300.170(b)?

If the state chooses to implement a pre-finding process, describe that process.

Not applicable.

### Internal Approval Process

Describe any internal approval processes (e.g., who must sign off, timelines).

Once data submission closes on July 15, data are pulled and sent to Asst Director and Director of Operational Supports for review. ESS IT pulls data to send to EdFACTS Coordinator for submission through EdPASS. Data notes are generated by Lead Data Management Specialist, Peggy Staples.

### Submission

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

DRAFT

Measurement data are prefilled in the online SPP/APR submission tool.

For indicator 4, the rate ratios are calculated by SPP/APR Coordinator using SQL query. SPP/APR Coordinator sends data to  and Director for review then the SPP/APR Coordinator enters data into SPP/AR submission tool.

## Clarification

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions.

## Data Governance

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

Please refer to the State Landscape Protocol for complete description.

## Public Reporting

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

Public Reporting of IDEA Part B Data | Arizona Department of Education (azed.gov)

DRAFT

# SEA Data Processes Toolkit

Protocol: **Indicator 4B. Suspension and Expulsion: Percent of LEAs With Significant Discrepancy by Race/Ethnicity**

**Data sources for Indicator 4B *(compliance indicator)*:**

- EDPass file specification FS006—Children with Disabilities (IDEA) Suspensions/Expulsions
- State discipline data that includes suspension and expulsion information on students with and without disabilities

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | August 26, 2024 (Updates Still Needed) |
| **Scheduled review date** | September, 2024 |

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### 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 the state's definition of "significant discrepancy."

Data for this indicator are "lag" data. Examine the data for school year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022–23).

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Stakeholder Engagement

DRAFT

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

DRAFT

**Target Setting**

This is a compliance indicator. Targets must be 0.0%.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions are also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Part B Data Manager and Business Officer of Education Programs, Chris Brown chris.brown@azed.gov – validation and submission
Part B Data Manager and Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
Lead Data Management Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Management Specialist, Maile Faubion maile.faubion@azed.gov - validation
EDFacts Coordinator, John Eickman john.eickman@azed.gov Submission

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Discipline protocol.

Data for this indicator are "lag" data. States must examine the number of LEAs reported in the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022–23, found in the 2022 SPP/APR introduction).

Use the same data as used for reporting to the Department of Education under IDEA Section 618, using the definitions in the EDPass FS006 file specification. In addition, if the state uses the measurement option that compares the rate of suspensions and expulsions of students with disabilities to the rate of these same types of removals of students without disabilities, state discipline data that includes information on the suspension and expulsion of students with and without disabilities may be needed.

ADE compares rates of suspension/expulsion for children with IEPs among LEAs within State.

DRAFT

### State Collection and Submission Schedule

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

Collection of Table 5 discipline data opens July 1 of previous year. Any correction must be made by July 15 of reporting year. Data are due in February as determined by EdFACTS.

## Processes

### Collection

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Discipline protocol for information related to the collection of these data.

Schools enter discipline data into whatever vendor software they are using. PEAs submit their data to AzEDS through whatever vendor they are using; there should be a discipline reporting module in whatever software the PEA is using. This will be the first year PEAs are submitting into AzEDS. Previously were using another discipline app. Have discipline guidance manual in draft and hopefully on website by next week. This manual will include behavior descriptors, how to code, type of removal, discipline data integrity (potential errors in submission), and FAQ. Expectation is data will be pulled by ESS IT from Data Mart and populated into sped app (still working on this). App should be similar to Table 5 format. System opens July 1 and schools are to enter as offenses occur. Once populated, it will be open to PEAs to review for accuracy.

Data for students without disabilities is collected through SEDD.

### Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Discipline protocol for information related to validating these data.

During year, ESS reviews live data throughout the year to ensure PEAs are cleaning up any data integrity errors. If PEAs submit data that appears inaccurate. ADE reaches out to ask for clarification. Do year-by-year reviews for anything that seems out of the ordinary and ask PEA for clarification.

### Definition and Methodology

Describe the state's definition and methodology used to determine significant discrepancy. Also, describe 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's definition and methodology should include the

- comparison option the state uses, either
  - **Option 1**: rates of suspensions and expulsions for children with IEPs among LEAs within the state or
  - **Option 2**: rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs.

DRAFT

- minimum *n* and/or cell size—the value and a description thereof (e.g., a state's *n*-size of 15 represents the number of children with disabilities enrolled in an LEA).
- calculation method used to determine the discrepancy.
- threshold at which the discrepancy is determined as significant.

**Data Analysis**

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

Arizona utilizes a rate ratio methodology similar to significant disproportionality but only for children with disabilities who had suspensions and expulsions exceeding 10 days in a school year by race/ethnicity.

Rate ratio = PEA-level suspension/expulsion rate for children with disabilities by a specific race/ethnicity ÷ PEA-level suspension/expulsion rate for children with disabilities by all other race/ethnicities. If the PEA does not meet the N-size, then the comparison group of the risk ratio will use the State-level suspension/expulsion rate for children with disabilities by all other race/ethnicities.

The cell (numerator) is unique children with disabilities by a specific race/ethnicity in a PEA that were suspended or expelled greater than 10 days in a school year
The N (denominator) is unique children with a disability by all other race/ethnicities in the PEA or State that were suspended or expelled greater than 10 days in a school year
The minimum cell and/or n-size: Minimum n (risk denominator) size = 30 and Minimum cell (risk numerator) size = 10

The level at which significant discrepancy is identified: 3.0 (or 3 times as likely) in the risk ratio. Arizona aligns this level with a process similar to significantly disproportionality and resources provided by the IDEA Data Center.

The State reviewed the PEAs' data from the significant discrepancy calculation and if any PEAs are found to have a significant discrepancy, the SEA continuously monitors PEAs on the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Arizona requires any identified PEAs to maintain special education policies and procedures in compliance with all regulatory requirements before Part B IDEA Entitlement funds could be approved by ADE/ESS. ADE/ESS specialists conduct on-site visits and/or desk audits to validate the policies, procedures, and practices made by the PEAs during a programmatic monitoring. Upon completion of the reviews, Arizona determines whether the PEAs complied with IDEA requirements that pertain to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

**Response to OSEP-Required Actions**

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 4 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions

DRAFT

and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

### Report on Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

SEDD is the database used; data are uploaded by PEAs into SEDD. Program Support and Monitoring Teams verify corrections for both Prong 1 and Prong 2. PSM also spot checks to verify data is accurate when onsite. Prong 1 corrections are provided to PSM specialists who verify correction on annual on-site visit. At that visit, also verify correction for Prong 2 with review of subsequent files.

### The Review of Policies, Procedures, and Practices

Describe the process for 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, including the process of identifying noncompliance in the LEA's policies, procedures, and practices. Discuss the tools used and the persons responsible for conducting this review.

### Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for ensuring that the child-specific and regulatory or systemic noncompliance are corrected. The actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement(s).

Additionally, how does the state revise (or require the affected state agency or LEA to revise) the 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 34 C.F.R. § 300.170(b)?

DRAFT

If the state chooses to implement a pre-finding process, describe that process.

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

Once data submission closes on July 15, data are pulled and sent to Asst Director and Director of Director of Operations for review. ESS IT pulls data to send to EdFACTS Coordinator for submission through EdPASS. Data notes are generated by Lead Data Management Specialist, Peggy Staples.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

The rate ratios are calculated by SPP/APR Coordinator using SQL query. SPP/APR Coordinator sends data to AD and Director for review then enters data into SPP system.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete description.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA

DRAFT

compared to state targets (Data Profiles). Have developed data dashboard app (SpEd Data Dashboard – SEDD) for PEAs can see own data as compared to state's data. https://www.azed.gov/specialeducation/data-management/ Click on the Historical Data accordion.

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 5. Educational Environments**

| **Data source for Indicator 5 *(results indicator)*:**<br>EDPass file specification: FS002—Children with Disabilities (IDEA) School Age | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | 1/21/2025 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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

A. Inside the regular class 80% of 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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Measurement*

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

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

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.

ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

**Target Setting**

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

Target setting is conducted every time there is a change to the methodology, or there is a new SPP/APR package. Aside from these required target-setting times, targets and baselines can be changed, if necessary, with stakeholder input, with sufficient rationale for the changes, and with OSEP approval. Broad stakeholder input is required throughout the process of target setting.

To engage stakeholders, the SEA needs to explain to stakeholders the factors that may influence the target-setting process (e.g., changes in budget, initiatives, recent national or state emergencies, and recent measurement changes. The SEA needs to think about how these factors might influence performance in future years. The SEA might also look at the state's history from previous years as

DRAFT

a prediction for the future. Keep in mind that growth is not likely to be linear, as a PEA gets closer to 0 or 100, the progress can be smaller. When thinking about targets, the SEA also needs to consider if the state met its previous targets for each of the indicators. If so, is the same level of change appropriate for setting the new targets? If not, what factor(s) have served as barriers to prior efforts?

After the SPP/APR coordinator lays the foundational knowledge for the indicator, there can be a vote as to which targets would be most rigorous yet attainable. Survey data can be used through Survey Monkey. When gathering feedback, ADE solicited feedback from the stakeholder groups listed below:

- SEAP
- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort
- Special Education Professional Forum (monthly virtual meetings)

Stakeholders who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. For preschool directors who were unable to attend a live session, surveys were sent along with an embedded video presenting the historical data as well as the rationale for the target-setting options. The surveys were open from September 2021 to December 2021.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions are also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

DRAFT

If there are multiple parties responsible for or involved in the process, list them all.

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Part B Data Manager and Business Officer of Education Programs, Chris Brown chris.brown@azed.gov – validation and submission
Part B Data Manager and Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov
Lead Data Management Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Management Specialist, Maile Faubion maile.faubion@azed.gov - validation
EDFacts Coordinator, John Eickman john.eickman@azed.gov Submission

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for description of data.

Use the same data as used for reporting to the Department of Education under IDEA Section 618, using the definitions in the EDPass FS002—Children with Disabilities (IDEA) School Age file specification.

Student info is submitted into AzEDS which applies business rules to ensure data are clean. Data are imported into ESS Data Mart. Application processes relevant student info for students enrolled on Oct. 1. App processes final data which are then pushed to the EDFacts coordinator. EDFacts coordinator submits data to OSEP which eventually prepopulates the data into the SPP/APR.

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov).

## Processes

**Collection**

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to the collection of these data.

If the data the SEA reports in this indicator are not the same as the state's data under Section 618 of IDEA, explain.

PEAs:

- Provide paper count of IEPs active on Oct 1;
- Submit all child-specific data through AZEDS;

ESS:

- Provides secondary check on validity by reconciling these two data pieces
- Pulls from database application with queries and formatted reports: AZEDS>Data Mart>application>reports
- Collects data notes from PEAs regarding significant discrepancies
-

Data are the same as 618 data

DRAFT

### Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to validating these data.

### Data Analysis

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

### Response to OSEP-Required Actions

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for the Indicator to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

### Report on Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?

DRAFT

- How does the state monitor sustainability of corrections of noncompliance?

Not applicable.

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

The SEA must submit the Part B Child Count and Educational Environments Certification Form to OSEP each year, signed by an authorized official. See previous section with calendar. PEA electronic signature date on Nov 15; reconciliation of paper copy and electronic number must occur by Jan 17; SDE's internal certification occurs on or around May 15.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

Data are prefilled with 618 data by the online SPP/APR submission tool. ESS leadership and SPP/APR Coordinator would work together to develop and enter information into the system. State director/asst director have permission to submit.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete description.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and

DRAFT

c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles). Have developed data dashboard app (SpEd Data Dashboard – SEDD) for PEAs can see own data as compared to state's data. https://www.azed.gov/specialeducation/data-management/ Click on the Historical Data accordion.

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 6. Preschool Environments**

| **Data source for Indicator 6 *(results indicator)*:**<br>EDPass File Specification: FS089—Children with Disabilities (IDEA) Early Childhood | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | April 15, 2024 (One Update Noted as Needed) |
| **Scheduled review date** | |

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Measurement*

**6A. 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.

**6B. 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.

**6C. 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.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.

DRAFT

ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

As data and other information became available after the close of the 2020–2021 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. Groups represented on the panel include parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. In addition to the SEAP meetings, ADE solicited input on targets from the following stakeholder groups:

- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort

These efforts resulted in 214 stakeholders who completed the SPP/APR surveys. Sixty-two of these were parents. These stakeholders represented a variety of races/ethnicities. Survey completers identified their primary roles as individuals with a disability, community members, special education professionals, agency representatives, parent/guardians, or vocational/business professionals.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

**Target Setting**

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

SEAs may choose to set one target that is inclusive of children ages 3, 4, and 5 (not in kindergarten) or set individual targets for each age.

Every stakeholder meeting was organized and facilitated by ADE/ESS. It was imperative for the presenter to keep the audience in mind when preparing for a target-setting forum. Meetings where many of the stakeholders were parents, and familiar with special education terminology, were conducted slightly differently than meetings where the parents were not familiar with the technical language of special education. During meetings where parents were more acquainted with special education jargon, the presenter defined each indicator as it is written in the SPP/APR. Groups of this nature already had a background understanding of how the indicators impacted the State, and they understood the importance of setting targets. For parents outside of the special education field, a simplified definition of each indicator was given with a greater emphasis placed on how the indicator could relate to them and their child. For these groups, it was helpful to make a personal connection. For example, the exercise of setting targets for the SPP/APR was made analogous to setting goals for their child's IEP. Establishing that each group understood the indicator was the first step to ensuring participants were engaged in the target-setting process. The second step was the presentation of the data, and the third step was having the stakeholders vote for targets via an electronic survey.

To solicit feedback from a broad set of stakeholders regarding the SPP/APR targets, the State invited various groups to facilitated, remote forums. Stakeholders were notified of these invitations through a variety of means, including targeted electronic mailing

DRAFT

lists, social media platforms, and the State website. At the six, one-hour sessions held in conjunction with Raising Special Kids (RSK), a Spanish interpreter was available and the target- setting surveys were accessible in both English and Spanish. At SEAP meetings, a sign language interpreter was present. When requested, closed captioning and a transcript were provided.

Beginning in September 2021, the presentation slides used at SEAP meetings of indicator data and proposed targets, as well as a video recording of the meetings, were posted on the State website.
Each target-setting meeting began with the attendees understanding the important role they played in setting the State targets. During the presentation of every indicator, the attendees were guided through the target-setting process by first receiving the indicator's definition, data source, measurement, and historical data. A survey was used to collect the feedback on the proposed targets. One week after presenting to a particular stakeholder group, the constituents were sent a follow-up email reminding them, had they not done so, to complete the survey. Stakeholders in the group who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. For preschool directors who were unable to attend a live session, surveys were sent along with an embedded video presenting the historical data as well as the rationale for the target-setting options. The surveys were open from September 2021 to December 2021.

Additional information on target setting may be found at the link above.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EdFACTS coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov
619 Coordinator, Suzanne Perry Suzanne.perry@azed.gov
EdFACTS Coordinator, John Eickman john.eickman@azed.gov – submission only

DRAFT

| **Data Source Description** |
| --- |
| Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for description of data. |
| Use the same data as used for reporting to the Department of Education under IDEA Section 618, using the definitions in the EDPass FS089—Children with Disabilities (IDEA) Early Childhood file specification. |

Student info is submitted into AZEDS which applies business rules to ensure data are clean. Data are imported into ESS Data Mart. Application processes relevant student info for students enrolled on Oct. 1. App processes final data which are then pushed to the EdFACTS coordinator. EdFACTS coordinator submits data to OSEP which eventually prepopulates the data into the SPP/APR.

DRAFT

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

## Processes

**Collection**

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to the collection of these data.

If the data the SEA reports in this indicator are not the same as the state's data under Section 618 of IDEA, explain.

- PEAs provide paper count of active IEPs on Oct 1;
- Submit all child-specific data through AZEDS;
- Secondary check on validity is reconciling these two data pieces
- SEA pulls from data base application with queries and formatted reports:
    - AZEDS>Data Mart>application>reports
- Collect data notes from PEAs regarding significant discrepancies

**Data Validation**

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to validating these data.

After reconciliation, have nonreconcilliation process for PEAs to clean data (narrow gap between paper count and AZEDS count). Do logical review based on SSS; do trend analysis; do cross-categorical analysis. Data go to EDFACTS coordinator who submits into EdFACTS where business rules are applied, comes back to SDE to validate (iterative process as needed). Trend analysis was difficult during years affected by COVID.

**Data Analysis**

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

After reconciliation, have nonreconcilliation process for PEAs to clean data (narrow gap between paper count and AZEDS count). Do logical review; do trend analysis; do cross-categorical analysis. Meet with stakeholders to discuss analysis of data.

**Response to OSEP-Required Actions**

DRAFT

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Current process: draw down reports through SPP/APR Coordinator, data stewards, or EdFACTS coordinator; meet internally with stakeholders to discuss trend differences or logical fallacies provided by OSEP. Once review completed, feedback goes to ESS leadership for any edits/adjustments; provided back to appropriate individual responsible for submitting data note or data files (SPP/APR would be HD or SS; lead specialist on data team coordinators with EdFACTS; also have backups internally); get confirmation it's been successfully completed. Only ESS leadership can actually submit. Once OSEP determinations have been received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 6 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

DRAFT

**Report on Correction of Identified Noncompliance**

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Not applicable.

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

The SEA must submit the Part B Child Count and Educational Environments Certification Form to OSEP each year, signed by an authorized official. See previous section with calendar. PEA electronic signature date on Nov 15; reconciliation of paper copy and electronic number must occur by Jan 17; SDE's internal certification occurs on or around May 15.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

Prefilled with 618 data by the online SPP/APR submission tool. ESS leadership and SPP/APR coordinator would work together to develop and enter information into the system. State director/asst director has permission to submit.

**Clarification**

DRAFT

| Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response. |
|---|
| OSEP generally sends clarification requests to SEAs about 60 days post submission. |

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles).

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 7. Preschool Outcomes**

| **Data sources for Indicator 7 *(results indicator)*:**<br>• State-approved early childhood assessment data and/or<br>• Child Outcomes Summary (COS) data | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | March 2024 (Still Needs Updates) |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### 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.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

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.

**Stakeholder Engagement**

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

As data and other information became available after the close of the 2020–2021 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. Groups represented on the panel include parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to

DRAFT

questions and comments from SEAP members regarding indicator data. In addition to the SEAP meetings, ADE solicited input on targets from the following stakeholder groups:

- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort

These efforts resulted in 214 stakeholders who completed the SPP/APR surveys. Sixty-two of these were parents. These stakeholders represented a variety of races/ethnicities. Survey completers identified their primary roles as individuals with a disability, community members, special education professionals, agency representatives, parent/guardians, or vocational/business professionals.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

**Target Setting**

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

Every stakeholder meeting was organized and facilitated by ADE/ESS. It was imperative for the presenter to keep the audience in mind when preparing for a target-setting forum. Meetings where many of the stakeholders were parents, and familiar with special education terminology, were conducted slightly differently than meetings where the parents were not familiar with the technical language of special education. During meetings where parents were more acquainted with special education jargon, the presenter defined each indicator as it is written in the SPP/APR. Groups of this nature already had a background understanding of how the indicators impacted the State, and they understood the importance of setting targets. For parents outside of the special education field, a simplified definition of each indicator was given with a greater emphasis placed on how the indicator could relate to them and their child. For these groups, it was helpful to make a personal connection. For example, the exercise of setting targets for the SPP/APR was made analogous to setting goals for their child's IEP. Establishing that each group understood the indicator was the first step to ensuring participants were engaged in the target-setting process. The second step was the presentation of the data, and the third step was having the stakeholders vote for targets via an electronic survey.

To solicit feedback from a broad set of stakeholders regarding the SPP/APR targets, the State invited various groups to facilitated, remote forums. Stakeholders were notified of these invitations through a variety of means, including targeted electronic mailing lists, social media platforms, and the State website. At the six, one-hour sessions held in conjunction with Raising Special Kids (RSK), a Spanish interpreter was available and the target- setting surveys were accessible in both English and Spanish. At SEAP meetings, a sign language interpreter was present. When requested, closed captioning and a transcript were provided.

Beginning in September 2021, the presentation slides used at SEAP meetings of indicator data and proposed targets, as well as a video recording of the meetings, were posted on the State website.
Each target-setting meeting began with the attendees understanding the important role they played in setting the State targets. During the presentation of every indicator, the attendees were guided through the target-setting process by first receiving the indicator's definition, data source, measurement, and historical data. A survey was used to collect the feedback on the proposed targets. One week after presenting to a particular stakeholder group, the constituents were sent a follow-up email reminding them, had they not done so, to complete the survey. Stakeholders in the group who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. For preschool directors who were unable to attend a live session, surveys were sent along with an

DRAFT

embedded video presenting the historical data as well as the rationale for the target-setting options. The surveys were open from September 2021 to December 2021.

Additional information on target setting may be found at the link above.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov
619 Coordinator, Director of Early Childhood, Aanya Metrakos Aanya.metrakos@zed.gov

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator. Sampling of children for assessment is allowed.

Describe the instruments and procedures the SEA uses to gather data for this indicator. Describe the criteria for defining "comparable to same-aged peers."

**Note:** If a state is using the Early Childhood Outcomes Center's (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.

COS data are entered into AzEDS either via nightly uploads/refreshing of the PEAs' SIS or if the SIS doesn't interface with the electronic IEP system, data are entered by hand into AzEDS.

DRAFT

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Entry data must be inputted within 45 days days of enrollment. End-of-year progress data are entered annually within 30 days of the end of school. Exist data must be entered within 30 days of exiting the preschool program.

## Processes

**Collection**

Provide detailed information about the origin and collection of the data, including titles of persons responsible. Sampling select children for assessment is allowed. When using a sample, describe the methodology and outline how the design will yield valid and reliable estimates.

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 3 through 5 years.

PEAs can use a variety of tools to assess entry, exit, and progress. Data are entered into AzEDS in a variety of ways – their electronic IEP system may be tied to their SIS and information is fed automatically into AzEDS; this system provides a prompt until the entry score is entered. Teachers may also have to report data to their assigned administrator to enter by hand if their IEP system is not tied to their SIS. The state requires the use of the COS. PEAs are required to enter entry, exit, and annual end-of-year progress. Data are collected and reported for the period of July 1 to June 30. The report (SPED11) that shows all entry/exit scores is reviewed by the 619 Coordinator.

Person's responsible include the 619 Coordinator, the Data Manager, and the SPP/APR Coordinator

Additional info may be found at Child Outcomes Summary (COS) Process Professional Development | Arizona Department of Education (azed.gov)

**Data Validation**

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data.

Teachers are provided with training for the process. Resources and information is readily accessible to teachers and staff at Child Outcomes Summary (COS) Process Professional Development | Arizona Department of Education (azed.gov)

Data are collected and reported for the period of July 1 to June 30. The report (SPED11) that shows all entry/exit scores is reviewed by the 619 Coordinator. The report has multiple rows by student ID to reflect each category and outcome appropriately. No further validation occurs. Additional information is available at Preschool Outcomes (azed.gov)

**Data Analysis**

Describe the process for data analysis.

DRAFT

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

The 619 Coordinator looks at PEA-level reports to compare year to year; trend analysis across years; entry and exit by PEA, progress scores by PEA, and summary scores by PEA are reviewed. If there are significant changes or areas of concern (ex: high number of students in Outcome B). The SEDD displays PEA-level data to describe levels of performance and performance against state performance. These reports are shared with PEAs during PD.

**Response to OSEP-Required Actions**

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Current process: draw down reports through SPP/APR Coordinator, data stewards, or EDFacts Coordinator; meet internally with stakeholders to discuss trend differences or logical fallacies provided by OSEP. Once review is completed, feedback goes to ESS leadership for any edits/adjustments; these are provided back to appropriate individual responsible for submitting data note or data files (SPP/APR would be HD or SS; lead specialist on data team coordinators with EdFACTS; also have backups internally); get confirmation it's been successfully completed. Only ESS leadership (Director and Assistant Director) can actually submit.

Once OSEP determinations have been received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

DRAFT

### Report on Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Not applicable.

### Internal Approval Process

Describe any internal approval processes (e.g., who must sign off, timelines).

The 619 Coordinator provides the data to the SPP/APR Coordinator and ESS leadership for review and approval.

### Submission

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Data are prefilled with 618 data by the online SPP/APR submission tool. ESS leadership and SPP/APR Coordinator would work together to develop and enter information into the system. State director/asst director have permission to submit.

### Clarification

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

DRAFT

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles).

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 8. Parent Involvement**

| **Data source for Indicator 8 *(results indicator)*:**<br>• State-selected data source; sampling allowed | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | June 28, 2024 (Still Needs Updates) |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### 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.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

Additional notes from the measurement table:

- Describe the results of the calculations and compare the results to the target.
- Provide the actual numbers used in the calculation.
- Report the number of parents to whom the surveys were distributed and the number of respondents.

### Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.

iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

**Target Setting**

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

Target setting is conducted every time there is a change to the methodology, or there is a new SPP/APR package. Aside from these required target-setting times, targets and baselines can be changed, if necessary, with stakeholder input, with sufficient rationale for the changes, and with OSEP approval. Broad stakeholder input is required throughout the process of target setting.

To engage stakeholders, the SEA needs to explain to stakeholders the factors that may influence the target-setting process (e.g., changes in budget, initiatives, recent national or state emergencies, and recent measurement changes. The SEA needs to think about how these factors might influence performance in future years. The SEA might also look at the state's history from previous years as a prediction for the future. Keep in mind that growth is not likely to be linear, as a PEA gets closer to 0 or 100, the progress can be

DRAFT

smaller. When thinking about targets, the SEA also needs to consider if the state met its previous targets for each of the indicators. If so, is the same level of change appropriate for setting the new targets? If not, what factor(s) have served as barriers to prior efforts?

After the SPP/APR coordinator lays the foundational knowledge for the indicator, there can be a vote as to which targets would be most rigorous yet attainable. Survey data can be used through Survey Monkey. When gathering feedback, ADE solicited feedback from the stakeholder groups listed below:

- SEAP
- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort
- Special Education Professional Forum (monthly virtual meetings)

Stakeholders who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. For preschool directors who were unable to attend a live session, surveys were sent along with an embedded video presenting the historical data as well as the rationale for the target-setting options. The surveys were open from September 2021 to December 2021.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and assistant director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

DRAFT

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov
Education Program Specialist, Stefanie Sharkey stefanie.sharkey@azed.gov
Director of Dispute Resolution, Jeff Studer jeff.studer@azed.gov

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator. Sampling of parents from whom response is requested is allowed.

Indicator 8 survey is 9-questions, with first 8 as confidential input and the last is for optional comments. The individual survey login codes are generated by AzEDS and ADE Connection (permission interface) houses the codes. The system is real time, refreshing daily. Codes are generated for students with active IEPs on Oct 1.

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

The PEA distributes the codes to parents for all (no sampling); there are approximately 150,000 codes annually. Survey window opens in mid-January and closes end of May. A letter in English and Spanish is sent with code in a variety of ways (email, mail, backpack, …). PEAs continuously engage and encourage parents to respond to the survey throughout the survey window. The ESS also uses their Parent Training and Information Center (PTI) to facilitate communication as well. The state is very diverse and includes a large Navaho population; the PTI makes home visits and brings an electronic device for parents to use since infrastructure is weak. Sporting events are used to "capture" parents as well. The letter provides a phone number to ensure this mode of communication is available as well. PEAs are encouraged to preview the survey with parents so they will understand what's coming. PEAs are creative about how to increase response rates. ESS encourages PEAs to involve their own advisory groups in the process. There is a dedicated email address at the ESS for the survey.

Once the window closes, the IT department sends the results to the SPP/APR Coordinator and Family Engagement Specialist; progress in the system is also monitored during the window.

## Processes

**Collection**

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling of parents from whom response is requested is allowed. When using a sample, describe the methodology and outline how the design will yield valid and reliable estimates.

Describe the instruments and procedures the SEA uses to gather data for this indicator.

DRAFT

If the state uses a separate 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.

AZ uses the same survey for all ages.

**Data Validation**

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data.

The SPP/APR Coordinator and Family Engagement Specialist review the data to look for trends beginning June 1. PEAs also have real time access to the data. They are able to see answers to the last question (comments) as well. If there are any issues with enrollment on Oct 1 vs during the survey window, the PEA contacts ESS to notify. IT cannot add login codes for anyone who enrolls after Oct 1. The system takes care of duplicate surveys by only reporting the most recently completed survey. The system also has a warning that comes up if the parent logs in a second time to let the parent know if they complete the survey again, it will replace the previous responses.

**Data Analysis**

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

States must compare the response rate for the reporting year to the response rates for the previous year and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

States 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.

Describe the state's analysis of the extent to which the demographics of the children for whom parents responding are representative of the demographics of children receiving special education services. Beginning with FFY 2021 (due February 2023) the state's analysis must include race/ethnicity *and* at least one of the following demographics: age of the student, disability category, gender, geographic location, 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.

In the SPP/APR, for Indicator 8, ADE places tables to show representativeness. For example:

DRAFT

The FFY 2022 response rate by race and ethnicity is listed in the table below.

| Race/Ethnicity | Percent Responded | Population | Difference |
|---|---|---|---|
| American Indian or Alaska Native | 5.10% | 5.16% | -0.06 |
| Asian | 1.76% | 1.41% | +0.35 |
| Black or African American | 4.86% | 6.38% | -1.52 |
| Hispanic/Latino | 47.32% | 47.09% | +0.23 |
| Native Hawaiian or Pacific Islander | 0.20% | 0.28% | -0.08 |
| Two or More | 3.69% | 4.15% | -0.46 |
| White | 37.07% | 35.52% | +1.55 |

The FFY 2021 response rate by race and ethnicity is listed in the table below.

| Race/Ethnicity | Percent Responded | Population | Difference |
|---|---|---|---|
| American Indian or Alaska Native | 4.56% | 5.26% | -0.70 |
| Asian | 1.66% | 1.36% | +0.30 |
| Black or African American | 4.76% | 6.31% | -1.55 |
| Hispanic/Latino | 48.23% | 46.77% | +1.46 |
| Native Hawaiian or Pacific Islander | 0.18% | 0.28% | -0.10 |
| Two or More | 3.86% | 3.93% | -0.07 |
| White | 36.84% | 36.09% | +0.75 |

This data shows response rate by race and ethnicity for the most recent year and the year prior. ADE also makes a table for response rate by age of the child. ADE analyzes representativeness using +/- 3% with race/ethnicity and age to report in the SPP/APR. For the last several years, the data has been representative.

Because the data are available in real-time during the open window, the Family Engagement Specialist uses strategies such as monitoring data and communicating demographic areas that need to increase response rate/representativeness. The monitoring specialist assigned to each PEA also works with the Family Engagement Specialist to increase the response rate as well. There is a presentation done for the state advisory panel and special education professionals annually to promote the survey.

PEAs receive a report of their survey results and are encouraged to review the results with parent organizations and use the data to improve family engagement. ESS provides guidance on how to look at results – from actual comments to how to interpret the results. PEAs are encouraged to share the results with their local school boards as well.

### Response to OSEP-Required Actions

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Current process: draw down reports through SPP/APR Coordinator, data stewards, or EDFacts Coordinator; meet internally with stakeholders to discuss trend differences or logical fallacies provided by OSEP. Once review is completed, feedback goes to ESS leadership for any edits/adjustments; these are provided back to appropriate individual responsible for submitting data note or data files (SPP/APR would be HD; also have backups internally); get confirmation it's been successfully completed. Only ESS leadership (Director and Assistant Director) can actually submit.

Once OSEP determinations have been received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

### Report on Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of

DRAFT

noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Not applicable.

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

The Family Engagement Specialist validates data and passes to SPP/APR Coordinator for review. ESS leadership works with the SPP/APR Coordinator to ensure the input and submission happen in a timely manner.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

SPP/APR Coordinator enters data based on the system prompts. She enters the info in table format for descriptive purposes for race/ethnicity and age. She describes discrepancies and changes from the previous year.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 8 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Data Governance**

DRAFT

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 9. Disproportionate Representation**

| **Data sources for Indicator 9 (*compliance indicator*):**<br>• EDPass file specification FS002—Children with Disabilities (IDEA) School Age<br>• EDPass file specification FS052—Membership | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | August 26, 2024 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### 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 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 special education and related services was the result of inappropriate identification as required by 34 C.F.R. §§ 300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices, and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum *n* and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

Additional notes included in the measurement table 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 noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.
- If the State reported less than 100% compliance for the previous SPP/APR reporting period, and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

DRAFT

**Stakeholder Engagement**

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals, including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

**Target Setting**

DRAFT

This is a compliance indicator. Targets must be 0.0%.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EdFACTS coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Manager Specialist, Maile Faubion maile.faubion@azed.gov – validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov
EDFacts Coordinator, John Eickman john.eikhman@azed.gov submission

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for a description of these data.

To determine if disproportionate representation due to inappropriate identification exists in the identification of children with disabilities, this indicator requires access to the Child Count information for children with disabilities who are age 5 and in kindergarten and ages 6 through 21. The state must also have access to the membership or enrollment data of all students in grades K through 12. IDC recommends using the following data sources:

- EDPass FS002: Children with Disabilities (IDEA) School Age
- EDPass FS052: Membership File (exclude pre-kindergarten and adult education counts)

Data is from State's Child Count (Table 1) for the current and 2 preceding years.

DRAFT

1. The following calculation method is used:
a. Risk Ratio method
b. Alternate Risk Ratio method: used for any PEA that does not meet the minimum cell size or minimum n-size. The alternate risk ratio compares the risk of a specific outcome for a specific group within the PEA with the state ratios for that specific group.

2. The threshold at which disproportionate representation is identified: 3.0 and above

3. The number of years of data used in the calculation: 3 years

4. The minimum cell and/or n-size:
•Minimum n (risk denominator) size = 30
•Minimum cell (risk numerator) size = 10

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

## Processes

**Collection**

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to the collection of these data.

If the data the SEA reports in this indicator are not the same as the state's data under Section 618 of IDEA, explain.

PEAs:
Phase 1

- Provide web-based app called Oct 1 app; PEAs fill out form indicating their child count; print and save copy for their record or view online. paper count of IEPs active on Oct 1; ADE can print report of counts or view online.
- Submit all child-specific data through AzEDS;

ESS:
Phase 2

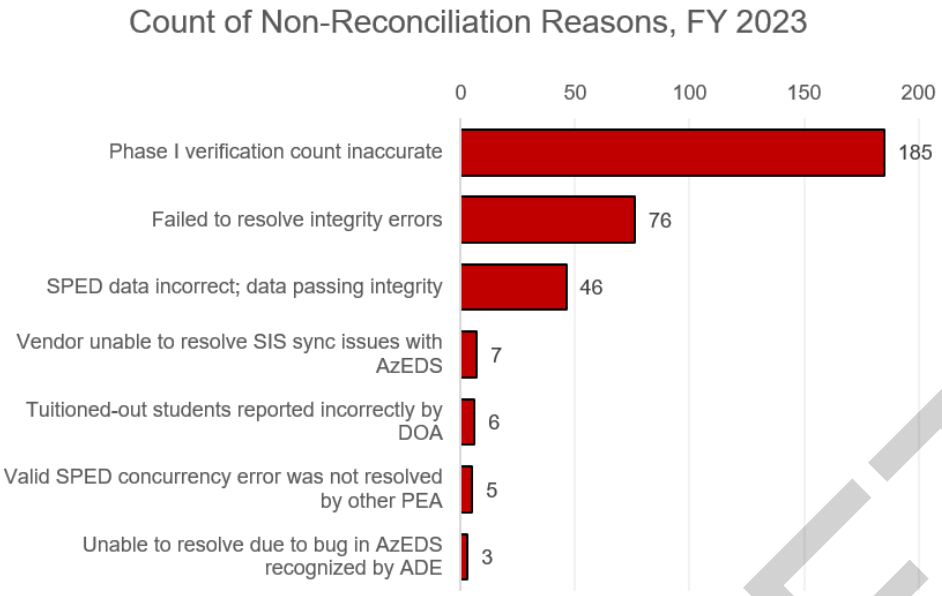
- Provides secondary check on validity by reconciling these two data pieces
- Pulls from database application with queries and formatted reports:
  - AzEDS>Data Mart>application>reports
- Collect data notes from PEAs regarding significant discrepancies

**Data Validation**

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to validating these data.

After submission through webapp (Phase 1), Phase 2 (After reconciliation), PEAs must submit data in AzEDS and their count must align with count submitted on Oct.1. Typically, P1 is Oct 2-Nov 19 and Nove20 opens reconciliation; extract data from sys and PEAs have to verify accuracy. During P2 Az gives info on integrity errors as well as quality of data; PEAs must make sure all data elements are accurate. Examples of why data match include primarily that PEAs fail to correct data in P1.

DRAFT




If data are successfully reconciled, PEA is given cert of reconciliation in spring. If their data isn't reconciled, go to Phase 3. ADE notifies PEA via email that they must go back into app to go into non-reconciliation form; list of reasons for potential non-reconciliation and select all that apply. If there is duplicate student with another PEA, they must provide explanation as to why couldn't be reconciled. If more than 10 duplicates, must list on attached form. Must provide documentation of attempts to reconcile (emails, vendor issues, and any relevant documentation). If ADE determines that PEA failed to reconcile due to no fault of their own, they get waiver and will eventually get updated reconciliation cert. Out of possible reasons, first 3 are an automatic fail (it was PEA's fault); other reasons are not fault of PEA and must be expanded upon so can investigate thoroughly to determine fault. If it is PEA's fault, there is rereport through app to notify PEA of info provided as to why. ADE uses the number is AzEDS rather than through app in P1. Data go to EDFacts Coordinator who submits into EDPASS where business rules are applied; data come back to ESS to validate (iterative process as needed). Trend analysis was difficult during years affected by COVID.

DRAFT

**Data Analysis**

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

Describe the state's process for making its annual determination as to whether the disproportionate representation(s)* it identified of racial and ethnic groups in special education and related services were the result of inappropriate identification as required by §§ 300.600(d)(3) and 300.602(a) (e.g., using monitoring data and reviewing policies, practices, and procedures).

**States are not required to report underrepresentation.*

1. The following calculation method is used:
a. Risk Ratio method
b. Alternate Risk Ratio method: used for any PEA that does not meet the minimum cell size or minimum n-size. The alternate risk ratio compares the risk of a specific outcome for a specific group within the PEA with the state ratios for that specific group.

2. The threshold at which disproportionate representation is identified: 3.0 and above
3. The number of years of data used in the calculation: 3 years

4. The minimum cell and/or n-size:
•Minimum n (risk denominator) size = 30
•Minimum cell (risk numerator) size = 10

Arizona ensures that PEAs' policies, procedures, and practices are reviewed, as required by 34 CFR §§ 300.173, 300.600(d)(3), and 300.602(a). The data is analyzed annually, and PEAs may be flagged each year for overrepresentation, according to the State's definition of disproportionate representation. The SEA continuously monitors the policies, procedures, and practices of the PEA to determine if a disproportionate representation is the result of inappropriate identification.

Arizona requires all PEAs to maintain special education policies and procedures in compliance with the requirements of 34 CFR §§ 300.11, 300.201, and 300.301 before Part B IDEA Entitlement Grant funds can be approved by ADE/ESS. ESS/Program Support & Monitoring (PSM) reviews PEA policies and procedures in year 1 and year 4 of the six-year programmatic monitoring cycle. If the PEA makes any changes to the policies and procedures, the PEA must resubmit them to the State for review and acceptance.

Upon completion of the reviews, Arizona determined whether the impacted PEAs complied with IDEA requirements that pertain to the PEA's child find, evaluation, and eligibility practices. None of the identified PEAs had policies, procedures, or practices that contributed to disproportionate representation.

**Response to OSEP-Required Actions**

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 4 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Report on Correction of Identified Noncompliance**

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?

DRAFT

- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

SEDD is the database used; data are uploaded by PEAs into SEDD. Program Support and Monitoring Teams verify corrections for both Prong 1 and Prong 2. PSM also spot checks to verify data is accurate when onsite. Prong 1 corrections are provided to PSM specialists who verify correction on annual on-site visit. At that visit, also verify correction for Prong 2 with review of subsequent files.

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

SPP/APR Coordinator uses Child Count data from current and previous 2 years. The risk ratios are calculated by SPP/APR Coordinator using SQL query. SPP/APR Coordinator sends data to AD and Director for review then enters data into SPP system. Coordinator reviews data with AD and Director prior to submission.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

SPP/APR Coordinator uses Child Count data from current and previous 2 years. The risk ratios are calculated by SPP/APR Coordinator using SQL query. SPP/APR Coordinator sends data to AD and Director for review then enters data into SPP system.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 9 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete explanation.

**Public Reporting**

DRAFT

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles). Have developed data dashboard app (SpEd Data Dashboard – SEDD) for PEAs can see own data as compared to state's data. https://www.azed.gov/specialeducation/data-management/ Click on the Historical Data accordion.

DRAFT

# SEA Data Processes Toolkit

Protocol: **Indicator 10. Disproportionate Representation in Specific Disability Categories**

| **Data sources for Indicator 10 (*compliance indicator*):**<br>• EDPass file specification FS002—Children with Disabilities (IDEA) School Age<br>• EDPass file specification FS052—Membership | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | August 26, 2024 (Updates Still Needed) |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### 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 C.F.R. §§ 300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices, and procedures, etc.) In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum *n* and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in in specific disability categories is the result of inappropriate identification.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

Notes included in the measurement table 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 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, and any enforcement actions that were taken.
- If the State reported less than 100% compliance for the previous SPP/APR reporting period, and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

DRAFT

**Stakeholder Engagement**

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals, including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

**Target Setting**

DRAFT

This is a compliance indicator. Targets must be 0.0%.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EdFACTS coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission

Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission

Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation

Lead Data Manager Specialist, Kristin Merritt kristin.merritt@azed.gov – validation

SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov

EDFacts Coordinator, John Eickman john.eikhman@azed.gov submission

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for a description of these data.

To determine if disproportionate representation due to inappropriate identification exists in in specific disability categories, this indicator requires access to the Child Count information for children with disabilities in the specific categories who are age 5 and in kindergarten and ages 6 through 21. The state must also have access to the membership or enrollment data of all students in grades K through 12. IDC recommends using the following data sources:

- EDPass FS002: Children with Disabilities (IDEA) School Age
- EDPass FS052: Membership File (exclude pre-kindergarten and adult education counts)

- Data is from State's Child Count (Table 1) for the current and 2 preceding years.
-

DRAFT

- 1. The following calculation method is used:
  a. Risk Ratio method
  b. Alternate Risk Ratio method: used for any PEA that does not meet the minimum cell size or minimum n-size. The alternate risk ratio compares the risk of a specific outcome for a specific group within the PEA with the state ratios for that specific group.

  2. The threshold at which disproportionate representation is identified: 3.0 and above

  3. The number of years of data used in the calculation: 3 years

  4. The minimum cell and/or n-size:
  •Minimum n (risk denominator) size = 30
  •Minimum cell (risk numerator) size = 10

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

**Processes**

**Collection**

Provide detailed information about the origin and collection of the data, including titles of the persons responsible. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to the collection of these data.

If the data the SEA reports in this indicator are not the same as the state's data under Section 618 of IDEA, explain.

PEAs:

Phase 1

- Provide web-based app called Oct 1 app; PEAs fill out form indicating their child count; print and save copy for their record or view online. paper count of IEPs active on Oct 1; ADE can print report of counts or view online.
- Submit all child-specific data through AzEDS;

ESS:

Phase 2

- Provides secondary check on validity by reconciling these two data pieces
- Pulls from database application with queries and formatted reports:
  - AzEDS>Data Mart>application>reports

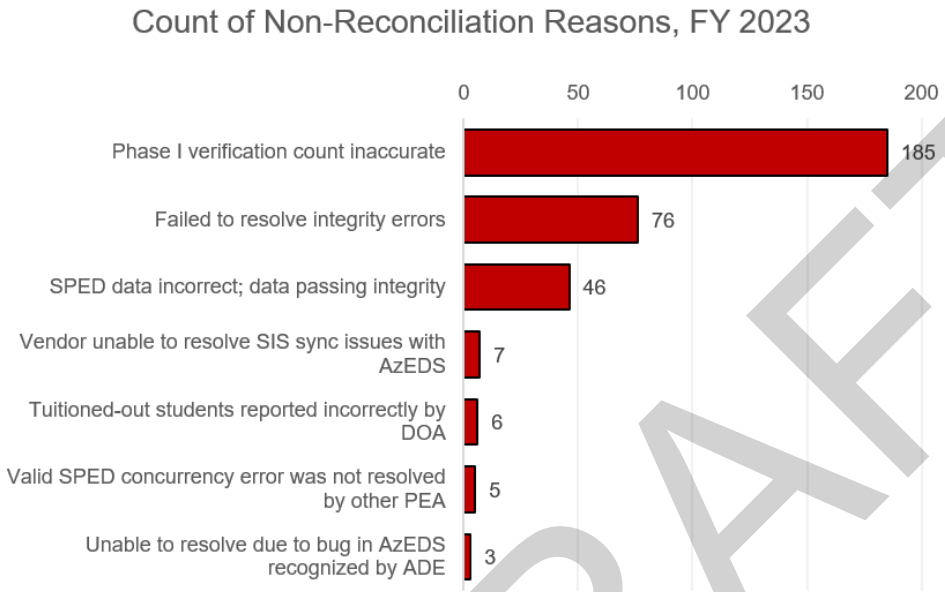
Collect data notes from PEAs regarding significant discrepancies

**Data Validation**

DRAFT

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to validating these data.

After submission through webapp (Phase 1), Phase 2 (After reconciliation), PEAs must submit data in AzEDS and their count must align with count submitted on Oct.1. Typically, P1 is Oct 2-Nov 19 and Nove20 opens reconciliation; extract data from sys and PEAs have to verify accuracy. During P2 Az gives info on integrity errors as well as quality of data; PEAs must make sure all data elements are accurate. Examples of why data match include primarily that PEAs fail to correct data in P1.




DRAFT

If data are successfully reconciled, PEA is given cert of reconciliation in spring. If their data isn't reconciled, go to Phase 3. ADE notifies PEA via email that they must go back into app to go into non-reconciliation form; list of reasons for potential non-reconciliation and select all that apply. If there is duplicate student with another PEA, they must provide explanation as to why couldn't be reconciled. If more than 10 duplicates, must list on attached form. Must provide documentation of attempts to reconcile (emails, vendor issues, and any relevant documentation). If ADE determines that PEA failed to reconcile due to no fault of their own, they get waiver and will eventually get updated reconciliation cert. Out of possible reasons, first 3 are an automatic fail (it was PEA's fault); other reasons are not fault of PEA and must be expanded upon so can investigate thoroughly to determine fault. If it is PEA's fault, there is rereport through app to notify PEA of info provided as to why. ADE uses the number is AzEDS rather than through app in P1. Data go to EDFacts Coordinator who submits into EDPASS where business rules are applied; data come back to ESS to validate (iterative process as needed). Trend analysis was difficult during years affected by COVID.

**Data Analysis**

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

Describe the state's process for making its annual determination as to whether the disproportionate representation(s)* it identified of racial and ethnic groups in specific disability categories were the result of inappropriate identification as required by §§ 300.600(d)(3) and 300.602(a) (e.g., using monitoring data and reviewing policies, practices, and procedures).

**States are not required to report underrepresentation.*

1. The following calculation method is used:
a. Risk Ratio method
b. Alternate Risk Ratio method: used for any PEA that does not meet the minimum cell size or minimum n-size. The alternate risk ratio compares the risk of a specific outcome for a specific group within the PEA with the state ratios for that specific group.

2. The threshold at which disproportionate representation is identified: 3.0 and above

3. The number of years of data used in the calculation: 3 years

4. The minimum cell and/or n-size:
•Minimum n (risk denominator) size = 30
•Minimum cell (risk numerator) size = 10

Arizona ensures that PEAs' policies, procedures, and practices are reviewed, as required by 34 CFR §§ 300.173, 300.600(d)(3), and 300.602(a). The data is analyzed annually, and PEAs may be flagged each year for overrepresentation, according to the State's definition of disproportionate representation. The SEA continuously monitors the policies, procedures, and practices of the PEA to determine if a disproportionate representation is the result of inappropriate identification.

Arizona requires all PEAs to maintain special education policies and procedures in compliance with the requirements of 34 CFR §§ 300.11, 300.201, and 300.301 before Part B IDEA Entitlement Grant funds can be approved by ADE/ESS. ESS/Program Support & Monitoring (PSM) reviews PEA policies and procedures in year 1 and year 4 of the six-year programmatic monitoring cycle. If the PEA makes any changes to the policies and procedures, the PEA must resubmit them to the State for review and acceptance.

Upon completion of the reviews, Arizona determined whether the impacted PEAs complied with IDEA requirements that pertain to the PEA's child find, evaluation, and eligibility practices. None of the identified PEAs had policies, procedures, or practices that contributed to disproportionate representation.

DRAFT

**Response to OSEP-Required Actions**

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 4 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Report on Correction of Identified Noncompliance**

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

SEDD is the database used; data are uploaded by PEAs into SEDD. Program Support and Monitoring Teams verify corrections for both Prong 1 and Prong 2. PSM also spot checks to verify data is accurate when onsite. Prong 1 corrections are provided to PSM specialists who verify correction on annual on-site visit. At that visit, also verify correction for Prong 2 with review of subsequent files.

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

SPP/APR Coordinator uses Child Count data from current and previous 2 years. The risk ratios are calculated by SPP/APR Coordinator using SQL query. SPP/APR Coordinator sends data to AD and Director for review then enters data into SPP system. Coordinator reviews data with AD and Director prior to submission.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

SPP/APR Coordinator uses Child Count data from current and previous 2 years. The risk ratios are calculated by SPP/APR Coordinator using SQL query. SPP/APR Coordinator sends data to AD and Director for review then enters data into SPP system.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 9 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete description.

DRAFT

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles). Have developed data dashboard app (SpEd Data Dashboard – SEDD) for PEAs can see own data as compared to state's data. https://www.azed.gov/specialeducation/data-management/ Click on the Historical Data accordion.

DRAFT

IDC | SEA Data Processes Toolkit

Protocol: **Indicator 11. Child Find**

| **Data sources for Indicator 11 (*compliance indicator*):**<br>• EDPass file specification FS002—Children with Disabilities (IDEA) School Age<br>• EDPass file specification FS052—Membership | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | August 27, 2024 (Updates Still Needed) |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### 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.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

Provide the actual numbers used in the calculation.

Indicate if the state has established a timeline and, if so, what is the state's timeline for initial evaluations?

### Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.

ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals, including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

**Target Setting**

This is a compliance indicator. Targets must be 100.0%.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and

DRAFT

d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions are also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Manager Specialist, Kristin Merritt kristin.merritt@azed.gov – validation
SPP/APR Coordinator-Heather Dunphey heather.dunphy@azed.gov – enter and submit
Senior Director of Program Support and Monitoring-Angela Odom angela.odom@azed.gov – oversight, data analysis and verification, enters data into the SPP/APR
Director of Program Implementation- Heidi Putnam Heidi.putnam@azed.gov – supervise data collection process
Director of Program Implementation- Scott Dobkovsky scott.dobkovsky@azed.gov – supervise data collection process

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator.

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

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 method used to collect these data, and if data are from the state's monitoring, describe the procedures used to collect these data.

**Note:** "State monitoring" data are those data gathered during the state's integrated monitoring activities to examine an LEA's compliance with IDEA requirements. "Database" or "data system" refers to an electronic system used by the state for collecting, maintaining, and storing LEA data.

From the state monitoring application

- Accessed through ADE Connect
- Mid year-March (pre-correction process) and end of year reports (May) are run and compared to capture duplication.
- Deduplicating any existence of duplication of within the reports. (Monitoring Summary of Findings Line Item Compliance Report)

DRAFT

- Timeline for pre-correction (90 days)
- Cycle based monitoring on a 6 year cycle. All PEAs are monitored within the 6 year cycle. PEAs which are in a monitoring year.
- LEAs could be added to the cycle based on a risk analysis tool. (example of risk factors: non-certificated personnel to provide services, large number of state complaints in the same area, etc.)
- PEAs submit their data through a secure file upload system
- All data is entered by state staff from data submitted and  and desk audit file reviews (to verify submitted data).

Link to AZ State Programmatic Monitoring Manual:
https://www.azed.gov/sites/default/files/2023/08/Programmatic%20Monitoring%20Manual%202023-2024.pdf

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

- AZ uses differentiated monitoring for Indicator 11
- PEA Self Assessment- State staff are requesting child count data throughout the year.
- Onsight monitoring
- Data Review

Indicator 11 Tracking Form

Link to AZ State Programatic Monitoring Manual:
https://www.azed.gov/sites/default/files/2023/08/Programmatic%20Monitoring%20Manual%202023-2024.pdf

## Processes

**Collection**

Provide detailed information about the origin and collection of these data, including titles of the persons responsible and any queries or processes they use to pull data from the source system. Sampling from the state's 618 data is not allowed. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to the collection of these data.

If the data the SEA reports in this indicator are not the same as the state's data under Section 618 of IDEA, explain.

- The data for Indicator 11 is collected from the Arizona Differentiated Monitoring System. The PEAs are selected based on cycle year as a result of a score on the risk analysis tool and by using data from a review of the agency's data, including data from the SPP/APR, dispute resolution results, audit findings, and annual determinations.
- The Program Support and Monitoring (PSM) directors select PEAs for monitoring. These PEAs may complete a self-review of files for Indicator 11 in conjunction with verification by the SEA, or the student files may be reviewed collaboratively with the PEA and PSM team..
- During the file review, the reviewer (PEA verified by SEA or SEA and PEA together) will ensure that the 60-day initial evaluation timeline has been met by reviewing the date of the parental consent to collect additional data and the date of the eligibility determination.
- The review will ensure that these dates are within 60 calendar days of each other or 90 days if there is a written agreement to an extension.

DRAFT

- The data that Arizona collectsand reports for this Indicator includes a representative sample of children for whom initial evaluations were current at the time of the review.

Link to AZ State Programatic Monitoring Manual:
https://www.azed.gov/sites/default/files/2023/08/Programmatic%20Monitoring%20Manual%202023-2024.pdf

**Data Validation**

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data. Consider connecting to the IDEA Section 618 Child Count and Educational Environments protocol for information related to validating these data.

- ADE/ESS ensures the validity and reliability of the data as it is collected, maintained, and reported through the State monitoring system.
- Training is provided to all ESS/Program Support and Monitoring (PSM) specialists who monitor to ensure inter-rater reliability on compliance calls based on regulatory requirements.

  The ADE/ESS staff conduct trainings for PEA staff who will participate in monitoring. The ESS/PSM specialists validate and verify the data through on-site visits or desk audits.

**Data Analysis**

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

Analysis is ongoing to obtain clarification from PEAs
Uses and Indicator 11 tracking form

Review data year to year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

**Response to OSEP-Required Actions**

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 11 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Report on Correction of Identified Noncompliance**

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

DRAFT

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Each child file found non-compliant is verified by the specialist throughout the corrective action plan process. This process is done either by on-site review or desk audit. Arizona uses specific methods to verify that PEAs correct all instances of noncompliance, including child-specific noncompliance, and are correctly implementing the regulatory requirements based on subsequent file reviews of updated data:

For student-level corrections:

- ESS/PSM specialists conduct follow-up visits and/or desk audits after the monitoring to verify the correction of all instances of noncompliance, including those that were child-specific. The specialists review the child-specific files to determine that the evaluation was completed within 60 calendar days from the date of written notification of noncompliance. The specialists also ensure that the files were documented and verified through the CAP closeout process.
- ESS/PSM specialists review data from subsequent files and/or conducted interviews with the special education administrators during follow-up visits and/or desk audits to determine if all instances of noncompliance, including those that were child-specific, were corrected and to ensure the ongoing sustainability of the implementation of the regulatory requirements regarding initial evaluations.
- PSM also spot checks to verify data is accurate when onsite.

For system level correction:

The ESS/PSM specialists review updated data from subsequent files during follow-up visits and verified that the PEAs are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) related to the evaluation process in conformity with 34 CFR § 300.301 (c)(1) and consistent with OSEP Guidance 23-01. In cases where correction is not completed within one year, enforcement will be enacted, which consists of a hold of federal IDEA finds, until the correction of the noncompliance is evidenced in accordance with OSEP Guidance 23-01.

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

DOS reviews data with lead data management specialist for initial approval then DOS seeks approval from State Director

DRAFT

and Assistant State Director. Process should be completed 14 days prior to SPP/APR due date.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Prefilled with 618 data by the online SPP/APR submission tool. ESS leadership and SPP/APR coordinator would work together to develop and enter information into the system. State director/asst director has permission to submit.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 11 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete description.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles). The department has developed data dashboard app (SpEd Data Dashboard – SEDD) for PEAs can see own data as compared to state's data. https://www.azed.gov/specialeducation/data-management/ Click on the Historical Data accordion.

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 12. Early Childhood Transition**

| **Data source for Indicator 12 (*compliance indicator*):**<br>Data must come from state monitoring or a state data system. | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | April 15, 2024 (Data Governance Section Needs Attention) |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

Percent of children referred by Part C prior to age 3, who were found eligible for Part B, and who have an IEP developed and implemented by their third birthday.

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### 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 C.F.R. § 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 C.F.R. § 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.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

Provide the actual numbers used in the calculation.

### Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

As data and other information became available after the close of the 2020–2021 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group. Groups represented on the panel include parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. In addition to the SEAP meetings, ADE solicited input on targets from the following stakeholder groups:

- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort

These efforts resulted in 214 stakeholders who completed the SPP/APR surveys. Sixty-two of these were parents. These stakeholders represented a variety of races/ethnicities. Survey completers identified their primary roles as individuals with a disability, community members, special education professionals, agency representatives, parent/guardians, or vocational/business professionals.

For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

**Target Setting**

This is a compliance indicator. Targets must be 100.0%.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and

DRAFT

d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EdFACTS coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operational Support, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov
619 Coordinator, Suzanne Perry Suzanne.perry@azed.gov

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator.

Data are to be taken from state monitoring database or a state student information database system. The state must indicate if it has established a timeline and, if so, what the state's timeline is for initial evaluations.

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 method used to collect these data, and if data are from the state's monitoring, describe the procedures used to collect these data.

**Note:** "State monitoring" data are those data gathered during the state's integrated monitoring activities to examine an LEA's compliance with IDEA requirements. "Database" or "data system" refers to an electronic system used by the state for collecting, maintaining, and storing LEA data.

Data are from the state data system. Data are representative of July 1 to June 30.

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and

DRAFT

c. when assigned SEA staff pull the data after the collection closes.

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

## Processes

### Collection

Provide detailed information about the origin and collection of these data, including titles of the persons responsible and any queries or processes used to pull data from the source system. Sampling from the state's 618 data is not allowed.

If the data the SEA reports in this indicator are not the same as the state's data under Section 618 of IDEA, explain.

- PEAs enter data in Special Education Data Dashboard (SEDD) once they are notified application is open
- 619 Coordinator and team can view process of submission in real time and remind PEAs of responsibilities
- Prior to window closing, PEAs certify data via application
- ADE has an internal written process to ensure consistency when there is turnover.

### Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data.

619 Coordinator and team have bi-monthly meetings with Part C team to review referrals from Part C to B; once the PEAs have submitted for this Indicator, the 619 team reviews data submitted by the PEAs with data submitted to the SEA by Part C. Disparities among numbers submitted by Part C to SEA and to PEA and schools to PEA.

### Data Analysis

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

619 Coordinator and team start with statewide perspecitve (number of referrals from yr to yr); getting more kids referred; percentage referred from C; which PEAs not getting in by 3 and for what reason; number of kids who didn't qualify; patterns with high DNQs; did they get eval on time and IEP by 3 (what's the issue); all different reasons from year to year as well to see if new trends as to reasons (allowable or not allowable). Create PPT annually to share with C team, PEAs, with "hot spots". There is opportunity to talk more in-depth about these data. When there is a disparity in number of referrals reported by the PEA and the SEA from Part C.

### Response to OSEP-Required Actions

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Current process: draw down reports through SPP/APR Coordinator, 619 Coordinator and team, data stewards, or EdFACTS coordinator; meet internally with stakeholders to discuss trend differences or logical fallacies provided by OSEP. Once review completed, feedback goes to ESS leadership for any edits/adjustments; provided back to appropriate individual responsible for

DRAFT

submitting data note or data files (SPP/APR would be HD or SS; lead specialist on data team coordinators with EdFACTS; also have backups internally); get confirmation it's been successfully completed. Only ESS leadership can actually submit. Once OSEP determinations have been received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 12 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

DRAFT

### Report on Correction of Identified Noncompliance

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

SEDD is the database used; data are uploaded by PEAs into SEDD. Program Support and Monitoring Teams verify corrections for both Prong 1 and Prong 2. PSM also spot checks to verify data is accurate when onsite. Prong 1 corrections are provided to PSM specialists who verify correction on annual on-site visit. At that visit, also verify correction for Prong 2 with subsequent referrals done correctly.

DRAFT

### Internal Approval Process

Describe any internal approval processes (e.g., who must sign off, timelines).

Suzy Perry, 619 Coor, and team reviews. It's sent to Heather to enter into SPP/APR system. Internal timeline all in draft by Jan 1; use the template. internal review process for CB and AT during Jan; team meets to discuss back and forth and send to editor, Jason, who edits narrative. H copies and pastes from template into system.

### Submission

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Prefilled with 618 data by the online SPP/APR submission tool. ESS leadership and SPP/APR coordinator would work together to develop and enter information into the system. State director/asst director has permission to submit.

### Clarification

| Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response. |
|---|
| OSEP generally sends clarification requests to SEAs about 60 days post submission. |

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 5 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

619 Coordinator and team go onsite to PEAs to talk about trends and changes. ESS public reports on info usual for state perspective (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's custom report, take request from data request from agency or special communications (SBE, IDEA Part D, legislation, SAP) and if necessary, will publish publicly. Location is always the ESS domain website within agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets are published.

DRAFT

# SEA Data Processes Toolkit

Protocol: **Indicator 13. Secondary Transition**

| **Data source for Indicator 13 (*compliance indicator*):**<br>Data must come from state monitoring or a state data system. | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | August 27, 2024 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### 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.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

**Stakeholder Engagement**

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals, including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

DRAFT

**Target Setting**

This is a compliance indicator. Targets must be 100.0%.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by state director of ESS in communication with director of federal programs; permissions also coordinated with EdFACTS coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – technical support
Lead Data Manager Specialist, Maile Faubion maile.faubion@azed.gov – technical support
Senior Director of Program Support and Monitoring, Angela Odom, angela.odom@azed.gov – oversight of process
Director of Special Projects, Sam Klein sam.klein@azed.gov
Lead Secondary Transition Specialist (Indicator 13), Lisa Livesay, lisa.livesay@azed.gov – technical support
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov

DRAFT

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator.

Data are to be taken from state monitoring database or a state student information database system.

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 method used to collect these data, and if data are from the state's monitoring, describe the procedures used to collect these data.

**Note:** "State monitoring" data are those data gathered during the state's integrated monitoring activities to examine an LEA's compliance with IDEA requirements. "Database" or "data system" refers to an electronic system used by the state for collecting, maintaining, and storing LEA data.

The data for Indicator 13 is compiled from the Arizona programmatic monitoring system. The SEA selects PEAs for programmatic monitoring on a cycle basis, differentiating the activities based on a risk analysis tool, including data from the SPP/APR, dispute resolution, audit findings, and annual determination. Both the reported number of youths with IEPs, aged 16 and above, and the number of youths aged 16 and above with IEPs that contain each of the required components for secondary transition reflect the number of files reviewed each year by the Arizona programmatic monitoring system. PEAs selected for monitoring may complete a self-review of files for Indicator 13 in conjunction with verification by the SEA, or the student files may be reviewed collaboratively with the PEA and SEA staff together. During the file review, the reviewer (PEA verified by SEA or SEA and PEA together) will ensure that all eight secondary transition components are included.

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Data is collected from the selected PEAs through the State's differentiated programmatic monitoring system based on their cycle year data, use of a risk assessment tool, and other factors described above.

The data that Arizona collected and reported for this Indicator includes a representative sample of children aged 16 at the time of review and who had a current IEP at the time of the review during the relevant school year monitoring activities.

Indicator 13 Tracking Document

Dates may be found at Important Dates | Arizona Department of Education (azed.gov)

## Processes

**Collection**

Provide detailed information about the origin and collection of the data, including titles of the persons responsible and any queries or processes used to pull data from the source system. Sampling from the state's 618 data is not allowed.

Data is collected from the selected PEAs through the State's differentiated programmatic monitoring system based on their cycle year data, use of a risk assessment tool, and other factors described above.

The data that Arizona collected and reported for this Indicator includes a representative sample of children aged 16 at the time of review and who had a current IEP at the time of the review during the relevant school year monitoring activities

DRAFT

**Data Validation**

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data.

ADE/ESS assures the validity and reliability of the data as it is collected, maintained, and reported through the State programmatic monitoring system. Training is provided to all ESS/Program Support and Monitoring (PSM) specialists who monitor to ensure inter-rater reliability for compliance calls, according to regulatory requirements. ADE/ESS staff conducts trainings for PEA staff who will participate in programmatic monitoring. ESS specialists validate and verify the data through on-site visits or desk audits.

**Data Analysis**

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

Review data year to year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

**Response to OSEP-Required Actions**

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 13 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

DRAFT

**Report on Correction of Identified Noncompliance**

Describe the databases, sources, and persons responsible for conducting the verification of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** For this indicator, noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the SEA reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the SEA did not identify any findings of noncompliance, provide an explanation of why the state did not identify any findings of noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Consider expanding with language regarding verification of correction. Questions from the DMS 2.0 protocols include

- How does the state determine the nature and scope of corrective action needed to correct noncompliance?
- How does the state/LEA document a correction of noncompliance?
- What are the criteria for determining a correction of noncompliance?
- How does the state track the timeline for correction?
- How does the state identify patterns of noncompliance?
- How does the state monitor sustainability of corrections of noncompliance?

Each child file found non-compliant is verified by the specialist throughout the corrective action plan process. This process is done either by on-site review or desk audit. Arizona uses specific methods to verify that PEAs correct all instances of noncompliance, including child-specific noncompliance, and are correctly implementing the regulatory requirements based on subsequent file reviews of updated data:

For student-level corrections:

- ESS/PSM specialists conduct follow-up visits and/or desk audits after the monitoring to verify the correction of all instances of noncompliance, including those that were child-specific. The specialists review the child-specific files to determine that the transition plan within the IEP has been corrected within 60 calendar days from the date of written notification of noncompliance. The specialists also ensure that the files were documented and verified through the CAP closeout process.
- ESS/PSM specialists review data from subsequent files and/or conducted interviews with the special education administrators during follow-up visits and/or desk audits to determine if all instances of noncompliance, including those that were child-specific, were corrected and to ensure the ongoing sustainability of the implementation of the regulatory requirements regarding initial evaluations.
- PSM also spot checks to verify data is accurate when onsite.

For system level correction:

The ESS/PSM specialists review updated data from subsequent files during follow-up visits and verified that the PEAs are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) related to the transition process in conformity with 34 CFR § 300.301 (c)(1) and consistent with OSEP Guidance 23-01. In cases where correction is not completed within one year, enforcement will be enacted, which consists of a hold of federal IDEA finds, until the correction of the noncompliance is evidenced in accordance with OSEP Guidance 23-01.

- See AZ monitoring manual:

DRAFT

Link to AZ State Programmatic Monitoring Manual:
https://www.azed.gov/sites/default/files/2023/08/Programmatic%20Monitoring%20Manual%202023-2024.pdf

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

DOS reviews data with lead data management specialist for initial approval then DOS seeks approval from State Director and Assistant State Director. Process should be completed 14 days prior to SPP/APR due date.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Prefilled with 618 data by the online SPP/APR submission tool. ESS leadership and SPP/APR coordinator would work together to develop and enter information into the system. State director/asst director has permission to submit.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 11 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete description.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

DRAFT

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles). The department has developed data dashboard app (SpEd Data Dashboard – SEDD) for PEAs can see own data as compared to state's data. https://www.azed.gov/specialeducation/data-management/ Click on the Historical Data accordion.

DRAFT

# IDC | SEA Data Processes Toolkit

Protocol: **Indicator 14. Post-School Outcomes**

| **Data source for Indicator 14 *(results indicator)*:**<br>• State-selected data source; sampling allowed | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | August 27, 2024 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Measurement*

**14A. Percent enrolled in higher education** = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

**14B. Percent enrolled in higher education or competitively employed within one year of leaving high school** = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

**14C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment** = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals, including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.

  In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

**Target Setting**

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

Targets must be established for measures A, B, and C.

DRAFT

Target setting is conducted every time there is a change to the methodology, or there is a new SPP/APR package. Aside from these required target-setting times, targets and baselines can be changed, if necessary, with stakeholder input, with sufficient rationale for the changes, and with OSEP approval. Broad stakeholder input is required throughout the process of target setting.

To engage stakeholders, the SEA needs to explain to stakeholders the factors that may influence the target-setting process (e.g., changes in budget, initiatives, recent national or state emergencies, and recent measurement changes. The SEA needs to think about how these factors might influence performance in future years. The SEA might also look at the state's history from previous years as a prediction for the future. Keep in mind that growth is not likely to be linear, as a PEA gets closer to 0 or 100, the progress can be smaller. When thinking about targets, the SEA also needs to consider if the state met its previous targets for each of the indicators. If so, is the same level of change appropriate for setting the new targets? If not, what factor(s) have served as barriers to prior efforts?

After the SPP/APR coordinator lays the foundational knowledge for the indicator, there can be a vote as to which targets would be most rigorous yet attainable. Survey data can be used through Survey Monkey. When gathering feedback, ADE solicited feedback from the stakeholder groups listed below:

- SEAP
- Inclusion Task Force
- Raising Special Kids (Arizona's Parent Training and Information Center)
- East Valley Community of Practice on Transition
- Post School Outcome Focus Group
- Northern Regional Cohort
- Southern Regional Cohort
- Eastern Regional Cohort
- Western Regional Cohort
- Central Regional Cohort
- Special Education Professional Forum (monthly virtual meetings)

Stakeholders who did not attend a particular target-setting presentation were afforded an opportunity for asynchronous participation. They were sent links to view recordings of selected indicators as well as the accompanying surveys. The surveys were open from September 2021 to December 2021.

> For additional information on how stakeholders were engaged, see the FFY20 SPP/APR at https://www.azed.gov/sites/default/files/2022/08/SPP%20APR%20FFY2020.pdf

DRAFT

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by the state director of ESS in communication with the director of federal programs; permissions are also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – technical support
Lead Data Manager Specialist, Maile Faubion maile.faubion@azed.gov – technical support
Director of Special Projects, Sam Klein sam.klein@azed.gov
Secondary Transition Specialist (Indicator 14), Lisa Livesay lisa.livesay@azed.gov
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for this indicator.

State-selected data source.

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 that outlines how the design will yield valid and reliable estimates of the target population.

This is census data based on students who have exited school the previous year. The survey is provided through the online app (Post School Outcomes Survey) within ADEConnect and is available to all PEAs; in addition to online copy, a hard copy is provided.

**State Collection and Submission Schedule**

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

The survey period opens June 1 and closes September 30. Data are available to ADE staff in real time. The Secondary Transition Specialist, SPP/APR Coordinator, and Director of Special Projects have access in addition to the Director of Support Services, AD, and Director. ADE operates within 2 timelines (the open season of the survey and the post-season); these timelines guide what TA and support are provided to PEAs. This internal system helps staff keep track with project management of PSO data collection, analysis, and reporting.

## Processes

**Collection**

Provide detailed information about the origin and collection of the data, including titles of the persons responsible and any queries or processes used to pull data from the source system. When the SEA uses sampling, describe the state process for developing a sampling methodology that will yield valid and reliable estimates of the target population.

DRAFT

Collect data by September on students who left school during the year two years prior (e.g., collect data by September 2023 on students who left school during 2021–22, timing the data collection so that at least one year has passed since the students left school). Include students who dropped out during the previous year 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.

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 youths in the sample or census.

Provide the actual number of "leavers" for each of the following mutually exclusive categories*:

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); and
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 full- or part-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.

** Refer to the measurement table for definitions of the four reporting categories and note that the definition of competitive employment changed with the FFY 2020 SPP/APR (submitted in February 2022).*

Option 2: Report in alignment with the term "competitive integrated employment" and its definition, in section 7(5) of the Rehabilitation Act, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). For the purpose of defining the rate of compensation for students working on a "part-time basis" under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

Surveys are available in both English and Spanish. Data are collected through a protocol consisting of 14 required questions based on skip logic to individualize the survey based on the unique circumstances of the student. The protocol was adapted from NTACT.

Prior to the data collection season, ADE provides targeted outreach to schools based on demographics of each PEA; new/returning schools are given resources. ADE is transparent as to support available. This is continued to be communicated throughout the survey. Support for elementary-only PEAs is provided to assist with communication. ADE celebrates schools with recognition for data collection (certificates to special education directors, also acknowledge high participation and engagement rates. ADE also acknowledges and recognizes schools during state-wide conferences. Training and side-by-side support are provided with professional learning opportunities offered throughout the year. ADE provides office hours during the season and provides TA with data analysis during the off-season. ADE has worked to build a culture of sharing and support throughout the state to stay student focused. ADE also communicates with other agencies who work with these students and Communities of Practice in regions around the state.

**Data Validation**

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data.

ADE emphasizes the importance of assuring the right staff have access to the application and that they are communicating with the right students. This is provided through PD to ensure staff is having a conversation with students and/or parents to ensure the survey is understood and that responses are accurate and reflective of the student. Data may be pulled either by PEA or statewide.

DRAFT

Exclusions are embedded for students who are no longer eligible (if re-enroll after leaving, error in exit code, deceased). This info is updated by PEA users with access based on requirements.Data Analysis

| Describe the process for data analysis. |
| --- |
| Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.<br>Include the SEA'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. Areas of representativeness for states to consider must include race/ethnicity and at least one of the following demographics: disability category, gender, geographic location, or another demographic category approved through the stakeholder input process. The SEA must also determine the category for response representativeness.<br>States must<br>• describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group);<br>• compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2020 SPP/APR, compare the FFY 2020 response rate to the FFY 2019 response rate); and<br>• analyze the response rate to identify potential nonresponse bias.<br>If the analysis shows that the response data are not representative of the demographics of youth who exited secondary school one year earlier 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. |

The application conducts the analysis of responses, representativeness, and other demographics. ADE staff can pull reports using any/all of these factors.

ADE/ESS uses the Response Calculator developed by the National Technical Assistance Center on Transition (NTACT) to calculate the representativeness of the respondent group on the characteristics of (a) disability type, (b) race/ethnicity, (c) gender, and (d) exit status (e.g., dropout). This calculation determined whether the youths who responded to the interviews were similar to or different from the total population of youths with an IEP who exited school during the school year 2020–2021. The calculation uses a plus or minus 3 percentage point difference to determine if the survey responses are representative of the population. For example, if 40% of the population were Hispanic, we would expect the percentage of surveys received by Hispanic youths to fall 3 points in either direction, i.e., between 37% and 43%. This type of analysis helps determine whether one group is over- or underrepresented. No significant differences were found by disability type, race/ethnicity, or gender; however, differences were found in response rates based on exit type. Exiters who dropped out (response rate=16.93%) were below the 3-point range to be representative of the population, and exiters who graduated (response rate= 82.91%) were above the 3-point range to be representative.

Reports are reviewed by Secondary Transition Team members; data are pulled into Excel to make public-facing for easier consumption. This information is then reviewed by SPP/APR Coordinator, AD, and Director prior to submission. Data are used to determine additional steps, if any, to address representativeness and response rate statewide and via PEA. Data are also used to provide targeted TA to PEAs to reach hard-to-reach youth (transient, drop-out, …) to improve both graduation rate and PSOs.

| **Response to OSEP-Required Actions** |
| --- |
| OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response. |

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 14 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required

DRAFT

actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

The Secondary Transition team supporting PSO efforts reviews the draft with data management and SPP/APR Coordinator, who then discusses with AD and Director. Discussions begin as soon as the survey closes (Sept 30) and discussions with AD and Director conclude in early January prior to Feb 1 submission date.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

ESS leadership and SPP/APR Coordinator would work together to enter information into the system. State director/asst director have permission to submit.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 14 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions.

**Data Governance**

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

State has standardized AZ State Enterprise Technology CB will respond to my email with this info and include anything specific to ESS.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

DRAFT

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish in a different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles). ADE has historical (5-years) reports regarding Ind 14 available on the website. Have developed data dashboard app (SpEd Data Dashboard – SEDD) for PEAs can see own data as compared to state's data. https://www.azed.gov/specialeducation/data-management/ Click on the Historical Data accordion.

DRAFT

IDC | SEA Data Processes Toolkit

# Protocol: **Indicator 15. Resolution Sessions**

| **Data source for Indicator 15 (*results indicator*):**<br>Data collected under Section 618 of IDEA (IDEA Part B Dispute Resolution Survey in E*MAPS*) | |
|---|---|
| **State/SEA** | Arizona Department of Education |
| **Protocol completion date** | 8/26/24 |
| **Scheduled review date** | Annually |

DRAFT

## Essential Elements

### Indicator Description*

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))

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

Data the SEA collects under Section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in E*MAPS*).

### Measurement*

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

**Note:** 3.1(a) and 3.1 refer to data elements in the E*MAPS* IDEA Part B Dispute Resolution Survey.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

## Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals, including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.
- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the

DRAFT

Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

## Target Setting

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

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

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

Arizona does use a range for their target 68-78%. The historical baseline has been set since 2005. The state has not reached or exceeded their range since 2018, mainly due to small n sizes so the data can swing from year to year. The smaller n size is due to more families opting for mediation sessions.

## Online SPP/APR Submission Tool Information

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by the state director of ESS in communication with the director of federal programs; permissions are also coordinated with the EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

## Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

Business Officer of Education Programs/Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz judy.olaiz@azed.gov – collection and informal validation (in training)
State Director- Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist- Peggy Staples peggy.staples@azed.gov – collection and validation
Lead Data Manager Specialist- Maile Faubion maile.faubion@azed.gov – validation

DRAFT

SPP/APR Coordinator-Heather Dunphy Heather.Dunphy@azed.gov – enter and submit
Dispute Resolution Analyst-Laura Boever laura.boever@azed.gov -submit to SPP/APR Coordinator
Director of Dispute Resolution-Jeff Studer Jeffrey.studer@azed.gov – oversees all process

## Data Source Description

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Dispute Resolution protocol for a description of the data the SEA collects (i.e., IDEA Part B Dispute Resolution Survey in E*MAPS*).

State-designed system, a web-based application, and the data is held in a MS SQL database "Dispute Resolution" within the ESS portal and ADE Connect. See IDEA Part B DR Survey Protocol.

## State Collection and Submission Schedule

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

Data collection is ongoing through the year beginning July 1 and closing June 30. Assigned SEA staff pull the data by July 15 of each year.

DRAFT

# Processes

## Collection

Provide detailed information about the origin and collection of the data, including titles of the persons responsible and any queries or processes used to pull data from the source system.

Complainants can file a due process complaint online, via email, fax, or hard copy. Dispute Resolution collects all data in the online database. If data is received in any non-electronic format, the complaint form and any supplementary data is scanned to PDF and submitted manually to the online database. The Dispute Resolution Analyst is responsible for daily management of the database. An excel spreadsheet is also kept as backup with duplicate data. The online database has a report-writing feature [under construction] which can be queried to pull data from the source system, and the federal requirement formulas are set in the excel spreadsheet to track information in real time. The online database and the excel spreadsheet are maintained concurrently.

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

## Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data.

The Dispute Resolution Analyst verifies data information within the spreadsheet. The excel spreadsheet includes all the federal formula requirements, allowing immediate validation prior to delivery to the SPP/APR Coordinator for submission.

## Data Analysis

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

AZ conducts a year-over-year analysis. Analysis is conducted for slippage. (greater than or less than 20% from the prior year) Culture and climate across the state is considered within the analysis. Analysis also includes trends over time (last 5 years) to identify patterns and outliers.

## Response to OSEP-Required Actions

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 15 to determine how to respond to OSEP's required actions, if any. The State Director schedules a call with the OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. The State Director/asst director submits in system.

DRAFT

## Internal Approval Process

Describe any internal approval processes (e.g., who must sign off, timelines).

The Director of Operations reviews data with the lead data management specialist for initial approval then the Director of Operations seeks approval from State Director and Assistant State Director. The process should be completed 14 days prior to SPP/APR due date.

## Submission

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Data for this indicator are prefilled in the online SPP/APR submission tool.

Prefilled with 618 data by the online SPP/APR submission tool. ESS leadership and SPP/APR coordinator work together to develop and enter information into the system. State director/asst director has permission to submit.

## Clarification

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR Coordinator and staff responsible for Indicator 15 to determine how to respond to OSEP's required actions, if any. The State Director schedules a call with the OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State Director/asst director submits in system.

## Data Governance

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete description.

## Public Reporting

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

DRAFT

ESS publicly reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles).

DRAFT

IDC | SEA Data Processes Toolkit

# Protocol: **Indicator 16. Mediation**

| **Data source for Indicator 16 (*results indicator*):**<br>Data collected under Section 618 of IDEA (IDEA Part B Dispute Resolution Survey in E*MAPS*) | |
|---|---|
| **State/SEA** | Arizona Department of Education |
| **Protocol completion date** | 8/26/24 |
| **Scheduled review date** | Annually |

## Essential Elements

### Indicator Description*

Percent of mediations held that results in mediation agreements.

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Measurement*

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

**Note:** 2.1(a)(i), 2.1(b)(i), and 2.1 refer to data elements in the E*MAPS* IDEA Part B Dispute Resolution Survey.

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

DRAFT

### Stakeholder Engagement

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Each year may look a little different for stakeholder engagement. Below are general recommendations for engaging stakeholders year after year. Specific information on stakeholder feedback can be found in the stakeholder feedback section of the SPP/APR at the following link:

State Performance Plan and Annual Performance Report | Arizona Department of Education (azed.gov)

Each year, ADE gathers stakeholder engagement from the following groups:

Special Education Advisory Panel (SEAP)

- There are four or five sessions each year when a handful of indicators are reported to SEAP members. These presentations include information on each indicator's historical and current data, progress against targets, as well as updates on improvement strategies. Time is set aside at each meeting to answer questions and to solicit feedback.

Special Education Professionals Forum

- These forums are monthly virtual meetings for special education professionals, including special education directors. Several indicators are reported at each session, usually 3 separate meetings. Feedback and questions are welcomed.

Raising Special Kids (RSK)

- In FY21 and FY22, the SPP/APR coordinator contacted RSK and arranged virtual sessions to report the data. Sessions were held in the evening. For each indicator, the lead facilitator gave an introduction, and then ADE/ESS panel members led conversations regarding past and current initiatives. Collaboration and participation were encouraged in order to provide a safe platform for the parents' voices to be heard. Parents were informed that the State continues to seek feedback since stakeholder engagement is an ongoing process. Parents were shown where to locate the public comment page on the ADE/ESS website if they wanted to provide relevant feedback.

DRAFT

- In FY23, the SPP/APR coordinator arranged a different platform with RSK. Instead of three virtual sessions, there was one virtual session that gave a brief summary of the data. This was an interview style, making it more relaxed than a formal presentation. Using the Facebook Live platform, parents could ask questions or give feedback during the interview, but the recording was posted on RSK's Facebook page. The interview included a section on how parents could provide feedback. Though it is not clear how many parents of children with disabilities watched the video, it received over 800 views, and RSK said about 70% of people on their website are parents of special education children. ADE plans to continue using the Facebook Live platform in the future. The interview from January 2024 can be viewed RSK and ADE Indicators (youtube.com).

## Target Setting

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

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

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

AZ uses a range of 74-84%. The historical baseline has been set since 2005. The state has not typically reached or exceeded their range since 2018, mainly due to small n sizes so the data can swing from year to year. The smaller n size is due to more families opting for mediation sessions.

## Online SPP/APR Submission Tool Information

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

Permissions are controlled by State Director of ESS in communication with Director of federal programs; permissions are also coordinated with EDFacts coordinator. Accessing on-line portal is through communications from OSEP. Login for SPP/APR is primarily facilitated by SPP/APR Coordinator. Some roles for logins are read-only; others are read and write; some are submission (state director and asst director).

## Data Stewards

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

DRAFT

If there are multiple parties responsible for or involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission

Director of Operations, Judy Olaiz judy.olaiz@azed.gov – collection and informal validation (in training)

State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission

Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov – collection and validation

SPP/APR Coordinator, Heather Dunphy Heather.Dunphy@azed.gov – enter and submit

Dispute Resolution Analyst, Laura Boever laura.boever@azed.gov -submit to SPP/APR Coordinator

Director of Dispute Resolution, Jeff Studer Jeffrey.studer@azed.gov – oversees all process

## Data Source Description

Provide a short description of the database or data system the SEA uses to process data for this indicator. Consider connecting to the IDEA Section 618 Dispute Resolution protocol for a description of data the SEA collects (i.e., IDEA Part B Dispute Resolution Survey in E*MAP*S).

Data is prefilled in the online State Performance Plan/Annual Performance Report (SPP/APR) submission tool. See 618 DR Protocol for additional information.

## State Collection and Submission Schedule

Provide a list of dates necessary for this data collection, including

a. when the data collection period opens,
b. when data are due from LEAs, and
c. when assigned SEA staff pull the data after the collection closes.

- Data collection is ongoing through the year from July 1 – June 30.
- Data is pulled by the Dispute Resolution Analyst by July 15 of each year.

DRAFT

# Processes

## Collection

Provide detailed information about the origin and collection of the data, including titles of the persons responsible and any queries or processes used to pull data from the source system.

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

Public Education Agencies or Parents can submit a mediation request online, via email, fax, or hard copy. Dispute Resolution collects all data in the online database. If data is received in any non-electronic format, the complaint form and any supplementary data is scanned to PDF and submitted manually to the online database. The Dispute Resolution Analyst is responsible for daily management of the database. An excel spreadsheet is also kept as backup with duplicate data. The online database has a report-writing feature [under construction] which can be queried to pull data from the source system, and the federal requirement formulas are set in the excel spreadsheet to track information in real time. The online database and the excel spreadsheet are maintained concurrently.

## Data Validation

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data.

The Dispute Resolution Analyst verifies data information within the database and spreadsheet.

Excel spreadsheet includes all the federal requirements, which allows for immediate validation prior to submitting to the SPP/APR Coordinator for submission.

## Data Analysis

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

AZ conducts a year-over-year analysis. The analysis is conducted for slippage. (greater than or less than 20% from the prior year). Culture and climate across the state is considered within the analysis. Analysis also includes trends over time (last 5 years) to identify patterns and outliers.

## Response to OSEP-Required Actions

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR Coordinator and staff responsible for Indicator 16 to determine how to respond to OSEP's required actions, if any. The State Director schedules a call with the OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State Director/asst director submits in system.

DRAFT

## Internal Approval Process

Describe any internal approval processes (e.g., who must sign off, timelines).

The Director of Operations reviews data with the lead data management specialist for initial approval, then the Director of Operations seeks approval from State Director and Assistant State Director. Process should be completed 14 days prior to SPP/APR due date.

## Submission

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Data for this indicator are prefilled in the online SPP/APR submission tool.

Prefilled with 618 data by the online SPP/APR submission tool. ESS leadership and SPP/APR coordinator would work together to develop and enter information into the system. The State Director/asst director has permission to submit.

## Clarification

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Once the clarification period opens, the feedback is reviewed by the SPP/APR Coordinator and staff responsible for Indicator 16 to determine how to respond to OSEP's required actions, if any. The State Director schedules a call with the OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State Director/asst director submits in system.

## Data Governance

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete description.

## Public Reporting

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and

DRAFT

c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

d. ESS publicly reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles).

DRAFT

IDC | SEA Data Processes Toolkit

# Protocol: Indicator 17. State Systemic Improvement Plan

| **Data source for Indicator 17 *(results indicator)*:**<br>• State-selected data source ; sampling or subsets of the population allowed | |
|---|---|
| **State/SEA** | Arizona Department of Education |
| **Protocol completion date** | 8/27/24 (Shaun & Angela Revamping Protocol) |
| **Scheduled review date** | September 30, 2024 (then Annually) |

## Essential Elements

### Indicator Description*

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities.

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### The State-identified Measurable Result (SiMR)*

The State has selected a SiMR for children with disabilities that is aligned to an SPP/APR indicator or a component of an SPP/APR indicator and that is a child-level outcome.

*Source: SPP/APR Universal Technical Assistance for FFY 2020–2025

Additional notes from the Universal Technical Assistance document:

- Child and student outcomes, as discussed in the context of the SiMR, must be a child- or student-level outcome in contrast to a process outcome.
- The state may select a single result (e.g., increasing reading proficiency for students with disabilities, knowledge and skills for infants and toddlers), or a cluster of results that improve child outcomes.
- Not all results indicators are approvable for the SiMR, but they may be incorporated into Indicator 17 as an outcome for a specific improvement strategy that ultimately affects the SiMR.
- SiMRs based on the following results indicators would not be acceptable stand-alone SiMRs: Indicator 2, Indicator 4, Indicators 5 and 6, Indicator 8, Indicators 15 and 16.

By FFY 2025, targeted Public Education Agencies (PEAs) will increase the performance of SSIP students with disabilities in grade 3 on the English Language Arts (ELA) state assessment from 9.58% to 12.23%.

DRAFT

## Measurement*

The SSIP includes the components that follow:

**Baseline Data:** The State must provide baseline data expressed as a percentage and which is aligned with the SiMR(s) 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 SiMR(s) for Children with Disabilities. In its FFY 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Source: FFY 2020–2025 Part B SPP/APR Measurement Table

## Stakeholder Engagement

Describe the process the SEA uses to engage stakeholders for the SPP/APR that includes broad stakeholder input and includes

a. the number of parent members who provided stakeholder input and a description of 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;
b. a description of 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;
c. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress; and
d. 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.

As special education data and other information became available after the close of the 2021–2022 school year, individuals from the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP), Arizona's advisory group, during FFY 2022. SEAP was established in accordance with the IDEA. The purpose of SEAP is to provide policy guidance concerning special education and related services for children with disabilities in Arizona. SEAP is composed of a broad range of stakeholders throughout Arizona. Groups represented on the panel include parents of children with disabilities, individuals with disabilities, teachers, early childhood educators, charter schools, school districts, institutions of higher education that prepare special education and related services personnel, secure care facilities, and public agencies. SEAP provides input and feedback during the process of determining targets, and ADE/ESS representatives respond to questions and comments from SEAP members regarding indicator data. This organization also advises ADE/ESS on the state's unmet needs for students and children with disabilities.

Beyond SEAP, data from each indicator, including the State Systemic Improvement Plan (SSIP), was reported to specific groups. These groups included the Special Education Director Forum and Raising Special Kids (RSK), the state's Parent Training and Information Center. During these presentations, participants were encouraged to ask questions. They were also given contact information if they wanted to provide personal experiences relating to the indicators or had suggestions for improvement activities.

DRAFT

For SSIP, stakeholders include all people who are invested in the outcomes for students with disabilities in SSIP PEAs. Stakeholders include, but are not limited to, individuals with disabilities, teachers, administrators, parents and family members of students with disabilities, intra-agency partners, interagency partners, officials for homeless assistance, representatives for foster care and juvenile facility placement, and SEA specialists.

For additional information on stakeholder engagement specific to the SSIP, please see https://www.azed.gov/sites/default/files/2024/07/AZ%20FFY%202022%20SPP%20APR.pdf

### Target Setting

This is a results indicator. Describe the process the SEA uses to engage stakeholders to set targets.

States can select whether the data should be greater than or less than the targets.

Stakeholder input includes collaborative efforts toward documenting and implementing activities and providing stakeholder feedback, whether collected formally or informally, through correspondence or verbal discourse. Feedback may be received in the body of an email, during meetings, or through survey results.

In addition to SEAP and RSK, there are a variety of stakeholder groups that contribute feedback for SSIP support and toward outcomes for students with disabilities.

For specific information in stakeholder engagement for target setting, see https://www.azed.gov/sites/default/files/2024/07/AZ%20FFY%202022%20SPP%20APR.pdf

### Data Stewards

Provide the following information on the persons responsible for SSIP data collection, analysis, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Consider all the data collected as part of the SSIP, including the SiMR, benchmark data, continuous quality improvement data, survey data, infrastructure outcomes, progress monitoring data, and fidelity data.

Examples of data stewards might include the SSIP coordinator, SSIP evaluator, SPP/APR coordinator, indicator leads for SiMR-related indicators (e.g., 1, 3, 7, 14), IDEA Part B data manager, ED*Facts* coordinator, relevant general education data stewards, data entry clerks, vendors, contractors, etc.

If there are multiple parties involved in the process, list them all.

Part B Data Manager, Chris Brown chris.brown@azed.gov – validation and submission
Director of Operations, Judy Olaiz and judy.olaiz@azed.gov – collection and informal validation (in training)
State Director, Alissa Trollinger Alissa.trollinger@azed.gov – submission
Lead Data Manager Specialist, Peggy Staples peggy.staples@azed.gov –validation
SPP/APR Coordinator, Heather Dunphy heather.dunphy@azed.gov – validation, analysis, and reporting
Lead SSIP Coordinator, Shaun Stevenson, shaun.stevenson@azed.gov –
Senior Director of Program Support and Monitoring, Angela Odom, angela.odom@azed.gov -
State Director of Assessment, Bethany Spangenberg Bethany.spangenberg@azed.gov – collection and validation
Director of Alternate Assessment, TBD– collection and validations
Director of Psychometrics, Anju Kuriakose anju.kuriakose@azed.gov – collection, validation, analysis
EdFacts Coordinator, John Eichman john.eichman@azed.gov – reporting

DRAFT

## Theory of Action

States are required to have a theory of action that describes the rationale of how implementing the coherent set of improvement strategies selected will increase the state's capacity to lead meaningful change in LEAs and achieve improvement in the SiMR for children with disabilities.

Provide a link to the state's theory of action.

Provide date of most recent theory of action update or revision.

Describe the review-and-revision schedule or frequency for the theory of action and who will review it.

The Theory of Action was most recently updated for the submission of the FFY 22 SPP/APR. For information concerning justification about the most recent update, see https://www.azed.gov/sites/default/files/2024/07/AZ%20FFY%202022%20SPP%20APR.pdf

The Theory of Action can be found at https://www.azed.gov/sites/default/files/2024/01/SSIP%20Logic%20Model%20and%20Theory%20of%20Action.pdf

The ToA is reviewed at least twice a year. The first review occurs at the end of the current school year (early May) and the purpose is to ground team back to the thread and anchor points of the work. The next review is based on the data to ensure alignment within the work and occurs as the writing of the SSIP begins.

## Evaluation Plan

The evaluation must include short-term and long-term objectives to measure the implementation of the SSIP and its effect on achieving measurable improvement in state-identified result(s) for children with disabilities. The evaluation must be aligned to the theory of action and other components of the SSIP. Include how stakeholders will be involved and the methods that the state will use to collect and analyze data to evaluate implementation and outcomes of the SSIP.

The evaluation must specify how the state will use the information to examine the effectiveness of the implementation of the SSIP and the progress toward achieving intended improvements in the SiMR(s), how to make modifications to the SSIP as necessary, and how information from the evaluation will be disseminated to stakeholders.

The plan should include evaluation questions, data collection plans, and analysis plans closely tied to the theory of action to ensure the state is collecting the data needed for continuous improvement and measuring progress toward the SiMR.

Provide a link to current SSIP evaluation plan.

Provide date of most recent SSIP evaluation plan update or revision.

Describe the review-and-revision schedule or frequency for the SSIP evaluation plan and who will review it.

The Evaluation Plan was most recently updated for the submission of the FFY 22 SPP/APR. For information concerning justification about the most recent update, see https://www.azed.gov/sites/default/files/2024/07/AZ%20FFY%202022%20SPP%20APR.pdf

The Evaluation Plan may be found at https://www.azed.gov/sites/default/files/2024/01/SSIP%20Evaluation%20Plan.pdf

DRAFT

The Evaluation Plan is reviewed at least twice a year. The first review occurs at the end of the current school year (early May) and the purpose is to ground team back to the thread and anchor points of the work. The next review is based on the data to ensure alignment within the work and occurs as the writing of the SSIP begins.

# Data Processes

The SSIP includes several different types of data including: (1) SiMR data; (2) additional data (i.e., benchmark, continuous quality improvement, or surveys) that demonstrates progress toward the SiMR; (3) infrastructure outcomes; (4) fidelity data; and (5) progress monitoring data related to evidence-based practices and support for those practices. The state's SSIP evaluation plan should address these data processes, so have the plan available when working through the following sections. Sates may want to amend the evaluation plan to include additional data process information, or, if the evaluation plan already has these elements, include references to links and page numbers within the evaluation plan.

# SiMR Data Processes

### SiMR Data Source Description

Provide a short description of the database or data system the SEA uses to process data for the SiMR. Consider connecting to any relevant IDEA Section 616 or 618 data protocols for a description of data.

If data for Indicator 17 is processed outside of the larger special education database or system, describe that database.

Provide the SiMR statement.

If the SiMR focuses on a subset of the population (e.g., cohort model, pilot group), provide the selection criteria and desired number or size for the subset.

**Option 1:** One target for measurement.

- Define the SiMR numerator.
- Define the SiMR denominator.

From a list of all grade 3 SWD that have a score on the state ELA assessment in the data systems, the data of students who are associated with a District of Residence Identification (DOR ID) corresponding with PEAs in years 1–3 of SSIP at the time of assessment administration is disaggregated and compiled. Within the compiled list of students, the number of students testing as Proficient is added to the students testing as Highly Proficient, and the resulting number is divided into the total number of SWD receiving any score on the ELA state assessment to calculate the proficiency for SSIP.

A cohort of PEAs that meets the state criteria for participation in SSIP is followed for three years and included in the SiMR data.

The numerator is the number of grade 3 students with disabilities within the SSIP cohort PEAs receiving a score of Proficient or Highly Proficient on the ELA component of the state assessment. The denominator is the number of grade 3 students with disabilities within the SSIP cohort PEAs receiving a score of Minimally Proficient, Partially Proficient, Proficient, or Highly Proficient on the ELA component of the state assessment.

### SiMR State Collection and Submission Schedule

Provide a list of dates necessary for the SiMR data collection, including

DRAFT

a. the data collection period
b. when data are due from LEAs, if relevant
c. when assigned staff pull the data after the collection closes

Data may be collected until June 30 and data cleaning begins then. By July 15, data are ready for different reports that are needed. Calendars may be found at

https://www.azed.gov/sites/default/files/2023/04/Assessments%20Overview%202023-2024.pdf and

https://www.azed.gov/sites/default/files/2023/08/Detailed%20Testing%20Calendar%202023-2024.pdf

Additional information about Assessment data collection may be found on the Part B 618 Assessment Protocol.

### SiMR Data Collection

Provide detailed process steps about the origin and collection of the SiMR data populating the numerator(s), denominator(s), and annual percentage(s), including titles of the persons responsible for collecting and calculating these fields.

If the SiMR(s) focuses on a subset of the population, identify which LEAs, schools, or subgroups comprise the subset.

Consider connecting to the relevant IDEA Section 616 or 618 data protocol(s) for information related to the collection of these data.

The SSIP Coordinator requests and receives the SSIP-specific data from ESS Data Management after a query is run. This usually occurs in early November.

### SiMR Data Validation

Describe the SiMR data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles and requirements that LEAs have for data validation and ensuring high-quality data.

Consider connecting to the relevant IDEA Section 616 or 618 data protocol(s) for information related to validating these data.

Confirm that the assessment office for the state will review, verify, and validate assessment data for all students, including students with disabilities. Work with the assessment data steward to review the data validation and cleaning processes for the students with disabilities (IDEA) subgroup. Validate data and Accountability sends to schools; AZEDS has info about which students have disabilities and match that. Although assessment portal has a place for school to enter disability, don't use any info entered at school; instead match at state level.

State Assessment Director and EdFacts Coordinator work together to ensure that the responses pertaining to the assessment of students with disabilities (IDEA) in the EMAPS Assessment Metadata Survey are correct and up to date. Vendor provides information about accommodations used by students.

To reduce or eliminate errors and subsequent followup, consult with both assessment and EDFacts staff early to report accurate assessment data and metadata. When needed, document procedures to address and remedy data quality issues when the Department comments on them in the data quality reports. See information about correction application above. EdFacts coordinator is checking to ensure everything is in place as seen in the Assessment Data Mart.

DRAFT

Once the SSIP Coordinator receives and reviews the initial data from ESS Data Management, he works with Data Management to refine the columns and refine the query to provide the required data. This conversation begins in early November.

| **SiMR Data Analysis** |
| --- |
| Describe the process for SiMR data analysis. |
| Review SiMR data year-to-year and disaggregate by subgroups (e.g., by race/ethnicity, age or grade level, sex, disability category), looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage. Compare aggregated and disaggregated scores over time to see if gaps are shrinking or widening. |

From a list of all Grade 3 SWD who have a score on the state ELA assessment in the data systems, the data of students who are associated with a District of Residence Identification (DOR ID) corresponding with PEAs participating in years 1–3 of SSIP, is disaggregated and compiled. Within the compiled list of students, the number of students testing as proficient is added to the students testing as highly proficient, and the resulting number is divided into the total number of SWD receiving any score on the ELA state assessment to calculate the proficiency for SSIP.

The SSIP Coordinator duplicates the file and saves the original. The copy is sliced, turned into a table and pivot table. Data are first aggregated up from the individual student level from the entity IDs pull out the SSIP PEAs, non-SSIP PEAs, and all PEAs; students with and without disabilities and all students. Data are then disaggregated for the SiMR in the PEA cohorts. Based on feedback, the subset of students will be changed from a year-to-year cohort model to a cumulative participation in SSIP work (PEAs that have been in SSIP work for 5 years, another group for 4 years,…). Data will be disaggregated and reported using this model for the FFY23 APR. The review is repeated several times to ensure data are consistent. Data are then presented to the Senior Director for PMS.

Data will be compiled into a total number of students from raw numbers to whole numbers, not percentages. Slicers are used to look at comparisons of groups to look at ways longitudinal data are changing and reasons for change/variables involved. Comparison groups include, but are not limited to, SwD, SwoD, all students, disability categories, local, race, ethnicity, and LRE. From here, the information, via v-lookups, is applied to the various SSIP components and other factors such as disproportionality, local, race/ethnicity.

DRAFT

# Additional SiMR-Related Data Processes

## Additional Data Source Description

Provide a short description of the database or data system the SEA uses to process additional data that demonstrates progress toward the SiMR, such as benchmark data, continuous quality improvement data, survey data, or other data related to progress toward the SiMR.

In connection with Move On When Reading (MOWR) state legislation, every PEA in the state of Arizona is required to submit state testing data for an approved set of literacy screeners, at Fall, Winter, and Spring submission periods. In alignment with MOWR, SSIP collects this data, disaggregated for students with disabilities, from each SSIP PEA at the same submission points as MOWR.

Literacy screener data was examined with the same calculation as the SiMR data to provide context but broken down into the three proficiency levels. By looking at the At-Risk, Approaching Benchmark, and Benchmark groups for students with disabilities in Spring of Grade 3, the context will show both progress in literacy development and progress toward the SiMR.

## Additional Data Collection and Submission Schedule

Provide a list of dates necessary for the data collection, including

a. the data collection period,
b. when data are due from LEAs, if relevant, and
c. when assigned staff pull the data after the collection closes.

Every PEA in the state of Arizona is required to submit state testing data for an approved set of literacy screeners, at Fall, Winter, and Spring submission periods.

The SSIP Coordinator puts in a data governance request through the hub who builds query and run report to provide the data.

## Additional Data Collection

Provide detailed information about the origin and collection of the additional data, including titles of the persons responsible for collecting and calculating the data.

## Additional Data Validation

Describe the additional data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles and requirements that LEAs have for data validation and ensuring high-quality data.

DRAFT

Once the SSIP Coordinator receives the data, he applies another data quality check. He will follow-up with SSIP PEAs to verify/correct anomalies in the data (changes from year to year).

### Additional Data Analysis

Describe the process for additional data analysis.

Data from literacy screening are analyzed in a similar manner to data from the statewide assessment – slicing into different groups. Also look at the data in conjunction with outcome data, stakeholder feedback, and other qualitative/quantitative data.

## Infrastructure Outcomes Processes

### Infrastructure Outcomes Data Source Description

Provide a short description of the database or data system the SEA uses to process short-term or intermediate outcomes from each infrastructure improvement activity. The outcomes should be related to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development, technical assistance).

The databases used to process short-term and intermediate outcomes include the statewide assessment data and the literacy screening data. See previous sections for more details.

### Infrastructure Outcomes Collection and Submission Schedule

Provide a list of dates necessary for the data collection, including

a. the data collection period,
b. when data are due from LEAs, if relevant, and
c. when assigned staff pull the data after the collection closes.

### Infrastructure Outcomes Data Collection

Provide detailed information about the origin and collection of the infrastructure outcomes data, including titles of the persons responsible for collecting and calculating the data.

DRAFT

### Infrastructure Outcomes Data Validation

Describe the additional data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles and requirements that LEAs have for data validation and ensuring high-quality data.

### Infrastructure Outcomes Data Analysis

Describe the process for infrastructure outcomes data analysis.

## Fidelity Data Processes

### Fidelity Data Source Description

Provide a short description of the database or data system the SEA uses to process data that measures fidelity of implementation and assesses practice change.

### Fidelity Data Collection and Submission Schedule

Provide a list of dates necessary for the data collection, including

a. the data collection period
b. when data are due from LEAs, if relevant
c. when assigned staff pull the data after the collection closes

### Fidelity Data Collection

Provide detailed information about the origin and collection of the fidelity data, including titles of the persons responsible for collecting and calculating the data.

The SGR & AP—Monitoring for Fidelity:

As described in the section for infrastructure improvements, PEA SSIP Teams complete the SGR & AP in the fall and spring of each year to assess levels of system implementation in the learning community and implement initiatives for systemic improvement. After each submission, the SEA SSIP Team provides activity feedback on the Fidelity Feedback Guide (FFG). The SEA SSIP Team monitors FFG scores through the three-year SSIP process to see how PEA SSIP Teams used the feedback provided by the SEA and toward improving fidelity. The SEA SSIP Team then compares the Year 3 Fall scores to growth in levels of implementation on the Success Gaps Rubric (SGR) to assess the connection between fidelity and practice change.

DRAFT

In Fall of Year 3, Cohort 3 had an average fidelity score of 70.5%. At that point, the aggregate of Cohorts 3–5 had an average score of 88.2%. This data shows that Cohorts 4–5 had ascended Cohort 3 fidelity earlier in their implementation.

In Fall of Year 3, Cohort 4 had an average fidelity score of 89.0%. At that point, the aggregate of Cohorts 4–6 had an average score of 94.2%. This data confirms both prior and continued fidelity ascension.

In Fall of Year 3, Cohort 5 had an average fidelity score of 94.4%. At that point, the aggregate of Cohorts 5–7 had an average score of 95.5%. This data further confirms both prior and continued fidelity ascension.

While having yet to enter Year 3 of SSIP, Cohort 6 had an average fidelity score of 92.3% in Fall of Year 1 and 97.7% in Fall of Year 2. The SGR & AP—Connecting Fidelity to Practices, Systems, and Student Outcomes:

The trend of SGR levels of implementation did not have the same consistency as the trend in activity fidelity. As outlined in the SSIP Theory of Action, the SEA SSIP Team reviews growth in SGR levels of implementation for Cohorts that have completed three years in SSIP. At the end of SY 2022–2023, the nine PEAs in SSIP Cohort 4 pursued 41 AP Initiatives across all five indicator groups. Of the initiatives that were documented for more than two consecutive submission periods, there was an average growth of 66% toward one full level of implementation on targeted initiatives. For context, many of the SSIP Cohort 4 PEA SSIP Teams reported stagnation and even regression of systemic levels in Year 1 and going into Year 2, which coincides with the first full school year after COVID-19 shutdowns, and that most were also reporting online/hybrid instruction. This is especially notable because SSIP Cohort 3 had grown an average of 92% toward one full level of implementation on targeted initiatives after three years in SSIP. Therefore, rising fidelity does not appear to be a predominant factor, in comparison to factors related to COVID-19, in providing for improved practices and systemic improvement.

Making the connection between systemic improvement and student outcomes, while SSIP Cohort 4 showed a 2.0% decrease in AASA literacy proficiency between SSIP Years 2–3, SSIP Cohort 3 showed a 1.8% increase between SSIP Year 2 and Year 3, and another 1.7% increase in their first full year after SSIP participation. Therefore, rising fidelity does not appear to be a predominant factor, in comparison to factors related to COVID-19, in providing for improved student outcomes.

While Cohort 5 will complete SSIP Year 3 at the end of SY 2023–2024, and that current average growth is currently above one full level of system implementation during SSIP, they have been the only cohort to report average levels of system implementation below Partially Implemented to begin SSIP Year 1. They also had a regression in AASA literacy proficiency in the current reporting period.

The SSIP Survey—Supporting Fidelity and Outcomes:

In connection to activity fidelity, over 80% of PEA SSIP Teams characterized the TA that the SEA offers for completing SSIP activities as either Mostly Helpful or Very Helpful. This rise in positive response from the previous year can be attributed to the additional training opportunities and support resources that the SEA SSIP Team offered in SY 2023–2024 and can be used to support rising fidelity data. However, when asked to characterize the Success Gaps Rubric and Action Plan activity for analyzing and improving systems in the learning community, 77.8% of PEA SSIP Teams characterized the activity as either Somewhat, Mostly, or Highly effective, with almost half characterizing the activity as being Mostly Effective to Highly Effective. This data is down by about 15% in overall effectiveness reported by PEA SSIP Teams in SY 2022–2023. This data would further support how rising support and fidelity was unable to overcome other predominant factors for activity and student outcomes.

The Evidence-Based Practices (EBP) Walkthrough Process—Monitoring for Fidelity:

DRAFT

In SSIP Year 2, PEA SSIP Teams submit two EBP Walkthrough Tools from classroom walkthroughs at each submission period. For data reliability and process fidelity, the SEA SSIP Team monitors that EBP Tools reflect the same two K–3 classrooms at each submission period during literacy instruction. In SY 2022–2023, SSIP Cohort 5 submitted EBP Tools that aligned with these data reliability and process fidelity standards 89.5% of the time by EBP submission 2. In SY 2023–2024, SSIP Cohort 6 submitted EBP Tools that aligned with these data reliability and process fidelity standards 100% of the time by EBP submission 2.

The EBP Walkthrough Process—Connecting Fidelity to Activity Outcomes:

PEA SSIP Teams conduct two classroom walkthroughs and submit the EBP Walkthrough Tool data at each of the three submission periods during SSIP Year 2. The SEA SSIP Team records the data from each EBP Tool at each submission into a spreadsheet. Data is recorded by quadrant, so each group of EBP indicators can be analyzed by quadrant and for overall growth.

While SSIP Cohort 4 decreased in the average EBPs per classroom between submission 1 and submission 2 by almost eight practices, the Cohort netted an average of five additional classroom EBPs between submission 1 and submission 3.

While SSIP Cohort 5 also decreased in average EBPs per classroom between submission 1 and submission 2 by about five practices, the Cohort reported an average of seven additional classroom EBPs between submission 1 and submission 3.

In SY 2023–2024, SSIP Cohort 6 has reported an average of 11 additional EBPs per classroom between submission 1 and submission 2. By quadrant, quadrant 3 has an average increase of about two EBPs per classroom, while quadrants 1, 2, and 4 have an average increase of about three EBPs per classroom. These increases show a positive connection between rising fidelity and practice change for Cohort 6.

The EBP Survey—EBP Walkthroughs and Support for Fidelity and Outcomes:

In SY 2023–2024, when asked to characterize the TA provided to support the activity process and outcomes, all 15 PEA SSIP Teams in SSIP Cohort 6 characterized the support as either Mostly or Highly Supportive. When asked to characterize the EBP Classroom Walkthrough activity toward improving classroom practices and student outcomes, all 15 PEA SSIP Teams characterized the activity as having some positive effect, with only one characterizing that effect as being minimal. Both responses for SEA SSIP Team support and activity outcomes show improvement over SY 2022–2023 responses and would further support the connection between rising fidelity and practice change.

DRAFT

### Fidelity Data Validation

Describe the additional data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles and requirements that LEAs have for data validation and ensuring high-quality data.

### Fidelity Data Analysis

Describe the process for fidelity data analysis, including fidelity thresholds.

# Progress Monitoring Data Processes*

**Progress monitoring data may be collected and reported but is not an OSEP requirement.*

## Progress Monitoring Data Source Description

Provide a short description of the database or data system the SEA uses to process any additional data, such as progress monitoring data, that is related to the use of each evidence-based practices.

## Progress Monitoring Data Collection and Submission Schedule

Provide a list of dates necessary for the data collection, including

a. the data collection period
b. when data are due from LEAs, if relevant
c. when assigned staff pull the data after the collection closes

## Progress Monitoring Data Collection

Provide detailed information about the origin and collection of the progress monitoring data, including titles of the persons responsible for collecting and calculating the data.

## Progress Monitoring Data Validation

Describe the additional data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles and requirements that LEAs have for data validation and ensuring high-quality data.

## Progress Monitoring Data Analysis

Describe the process for progress monitoring data analysis.

DRAFT

# Data Use and Reporting Processes

## Data Use for SiMR and SSIP Continuation Decisions

States must conduct system analysis activities and data analysis if a decision is made to change the SiMR, and states must consider evaluation data when determining whether to continue implementing the SSIP without modifications.

Describe the processes the state uses to analyze SiMR evaluation data to inform SSIP goals and implementation.

Include information about how frequently data are examined and who are involved in data discussions and identifying improvement activities.

## Data Governance

Describe the process for reviewing and approving potential or actual changes to the data collection and associated requirements, including security and privacy. Identify the state staff responsible for this activity.

See State Landscape Protocol for complete description.

## Internal Approval Process

Describe any internal approval processes for SiMR details, theory of action, reported data, evaluation plan, infrastructure narratives, evidence-based practice narratives, and stakeholder narratives (e.g., who must sign off, timelines).

## Response to OSEP-Required Actions

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 15 to determine how to respond to OSEP's required actions, if any. The State Director schedules a call with the OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. The State Director/asst director submits in system.

## Online SPP/APR Submission Tool Information

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

DRAFT

## Submission

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

## Clarification

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

Once the clarification period opens, the feedback is reviewed by the SPP/APR and SSIP Coordinators and staff responsible for Indicator 15 to determine how to respond to OSEP's required actions, if any. The State Director schedules a call with the OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State Director/asst director submits in system.

## Public Reporting

Describe the process and format for publicly reporting information related to Indicator 17, including

a. where the SEA posts the state's SPP/APR and any additional SSIP information, which may include stakeholder-friendly reports or other evaluation data;
b. identification of the SEA staff responsible for posting the state's SPP/APR and additional SSIP information; and
c. how the state's report to the public is made accessible and complies with Section 508 of the Rehabilitation Act.

ESS public reports on information pertinent to state differences (AZ publishes not only the federal disability categories but also publishes the AZ-unique categories). If it's a custom report, they take the request from data request from agency portal or from special communications (State Board of Education, IDEA Part D, legislation, State Advisory Panel) and, if necessary, will publish publicly. The location of public reporting is always the ESS domain website within the agency unless special permission is given to publish on different domain. SPP/APR is published within 120 days, as per federal requirements, as are results for each PEA compared to state targets (Data Profiles). Have developed data dashboard app (SpEd Data Dashboard – SEDD) for PEAs can see own data as compared to state's data. https://www.azed.gov/specialeducation/data-management/ Click on the Historical Data accordion.

DRAFT

# SEA Data Processes Toolkit

Protocol: **Indicator 18. General Supervision**

**Data source for Indicator 18 *(compliance indicator)*:**

Data must include findings from data collected through all components of the state's general supervision system that are used to identify noncompliance. Such data sources include, but are not limited to, information collected through state monitoring, state database or data system, dispute resolution, and fiscal management systems, as well as other mechanisms through which the state identifies noncompliance.

| | |
|---|---|
| **State/SEA** | Arizona |
| **Protocol completion date** | 1/21/2025 |
| **Scheduled review date** | |

DRAFT

## Essential Elements

### Indicator Description*

Percent of findings of noncompliance corrected within one year of identification.

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

*Source: FFY 2020–2025 Part B SPP/APR Measurement Table

### Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

a. # of written findings of noncompliance issued the prior FFY (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022–June 30, 2023)

b. # of written findings of noncompliance identified in the reporting year and NOT reported in A (e.g., those issued based on other IDEA requirements), if applicable

c. # of written findings of noncompliance from A and B that were timely corrected (i.e., verified as corrected no later than one year from identification)

**Percent** = [(c) divided by (a + b)] times 100

Additional notes included in the measurement table instructions:

- Based on findings of noncompliance issued the prior FFY, the state will report in
  - Column A: the number of findings of noncompliance identified in the indicator in the prior FFY
  - Column B: the number of written findings of noncompliance identified in the reporting year and NOT reported in A (e.g., those issued based on other IDEA requirements), if applicable
  - Column C: the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance
- Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States

report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

- States have the option to also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (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 (i.e., 1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal, and other areas.
- If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

**Stakeholder Engagement**

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

i. the number of parent members who provided stakeholder input and a description of 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.
ii. a description of 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.
iii. the mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.
iv. 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.

Add stakeholder engagement from APR or data process protocols

**Target Setting**

This is a compliance indicator. Targets must be 100.0%.

Not applicable.

**Online SPP/APR Submission Tool Information**

Describe login information, including

a. who has access,
b. the type of access (e.g., read only, super user),
c. how to gain access for additional staff, and
d. how to access online SPP/APR submission tool support.

If there are multiple parties responsible for or involved in the process, list them all.

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

Pull from data processes
www.ideadata.org/sea-data-processes-toolkit

DRAFT

**Data Stewards**

Provide the following information on the persons responsible for data collection, validation, and submission:

a. titles and names,
b. contact information,
c. department, and
d. any notes.

Examples of data stewards might include the IDEA Part B data manager, ED*Facts* coordinator, data analysts, data entry clerks, etc.

If there are multiple parties responsible for or involved in the process, list them all.

- Deputy State Superintendent/State Director oversees the implementation of IDEA; provides policy direction and execution – including the state's general supervision system, IT specific to sped, and alternate assessment - Alissa Trollinger
- Assist Director (AD) oversees implementation of operations - Chris Brown
- Data Manager (currently the AD Chris Brown) oversees the collection, validation, and analysis of data related to IDEA
- Director of Operational Support (DOS) oversees operation of data management – Judy Olaiz
- SPP/APR Coordinator facilitates other federal reports as necessary (non-EDFacts) - Heather Dunphy
- EDFacts Coordinator – does actual submissions of all EDFacts data - John Eickman
- Director of Early Childhood Special Education: Aanya Metrakos, aanya.metrakos@azed.gov
- Senior Director of Program Support and Monitoring: Angela Odom, @azed.gov
- Director of Finance, Candice Trainor, Candice.trainor@azed.gov
- Director of Dispute Resolution, Jeff Studer, Jeff.studer@azed.gov

**Data Source Description**

Provide a short description of the database or data system the SEA uses to process data for 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 or data system, dispute resolution, and fiscal management systems as well as other mechanisms through which the state identifies noncompliance.

Provide data source for findings of noncompliance for indicator-specific noncompliance as well as the Part B SPP/APR Related Requirements Document. The state should address the data source for noncompliance identified through monitoring activities, including self-assessment, data review, desk audit, on-site visits, fiscal monitoring, state complaints, and due process hearings for the compliance indicators: 4B, 9, 10, 11, 12, and 13.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This includes reporting on all other findings of noncompliance that were not reported under the compliance indicators (e.g., results indicators, including related requirements; fiscal; dispute resolution).

Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Pull from 4B (or any other compliance indicators with findings:

**State Complaints**:

1. Responsible for corrective actions: Compliance coordinator
2. The state uses a data tracker to track the implementation decisions
3. Queries can be made for each related requirement to match them with a specific Indicator
4. The data is sent to the SPP/APR coordinator who will

DRAFT

**Due Process:**

- No system in place, at this time, but state is working on this. They have minimal identified LEAs historically

**Monitoring:**

1. Sr. Director of Support and Monitories pulls the Monitoring Statistics Report
    a. Gives the data at the component level
2. The Monitoring SOF line-item compliance report
    a. The report is pulled by line item associated with the related requirements
3. Each individual PEAs data is reviewed in the monitoring application to determine if there are any identified findings associated with the component that aligns with the related requirement associated with the compliance indicator.
4. Manual review to ensure the finding is directly correlated and does need to be reported in the SPP/APR.

**Fiscal:**

1. Responsible for tracking fiscal tracking:
    a. Fiscal processing team reviews and issues findings, however not all findings are associated with the implementation of special education.
2. Current process includes a manual review between the grants management team and DSS to determine if the findings issued are relevant to IDEA.
3. Next step will be to correlate any relevant findings to the appropriate Indicator.

**State Audit:**

1. Responsible for tracking fiscal tracking:
    a. State audit processing team reviews and issues findings, however not all findings are associated with the implementation of special education.
2. Current process includes a manual review between the State Audit team and DSS to determine if the findings issued are relevant to IDEA.
3. Next step will be to correlate any relevant findings to the appropriate Indicator.

DRAFT

## Processes

| **Collection**<br>Provide detailed information about the origin and collection of the data, including titles of the persons responsible. |
| --- |
| Provide collection information for findings of noncompliance for indicator-specific noncompliance as well as the Part B SPP/APR Related Requirements Document. The state should address the collection of noncompliance identified through monitoring activities, including self-assessment, data review, desk audit, onsite visits, fiscal monitoring, state complaints, and due process hearings for the compliance indicators: 4B, 9, 10, 11, 12, and 13.<br>States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This includes reporting on all other findings of noncompliance that were not reported under the compliance indicators (e.g., results indicators, including related requirements; fiscal; dispute resolution). |

See Data Source section

**Data Validation**

Describe the data cleaning processes and any other processes the SEA uses to ensure high-quality data. If applicable, describe the roles/requirements that LEAs have for data validation and ensuring high-quality data.

ESS leadership will review the correlation between compliance Indicators to determine if they are actual findings to be reported in Indicator 18.

**Data Analysis**

Describe the process for data analysis.

Review data year-to-year, looking for patterns statewide and within LEAs, outliers, information about whether targets are met or not met, and slippage.

*This section may mirror the data analysis completed with other Indicators – Per state copy this information from other Indicator protocols.

**Response to OSEP-Required Actions**

OSEP releases required actions within the finalized SPP/APR along with the OSEP determinations. Indicate who reviews the required actions and how assigned SEA staff make the plan to address concerns and create a response.

Once OSEP–required actions are received, the feedback is reviewed by the SPP/APR coordinator and staff responsible for Indicator 4 to determine how to respond to OSEP's required actions, if any. State Director sets call with OSEP liaison to review required actions and address any questions. Responses are then formulated and entered into the SPP/APR. State director/asst director submits in system.

**Report on Correction of Identified Noncompliance**

Describe the databases, sources, and persons responsible for conducting the *verification* of correction reported in the previous SPP/APR.

Describe the state's process for ensuring child-specific and systemic noncompliance has been corrected. The descriptions of the actions taken to verify the correction of noncompliance should be specific to the indicator and its requirement.

**Note:** Noncompliance resulting from policies, procedures, and practices that are inconsistent with IDEA requirements may not always include child-specific noncompliance. If no child-specific noncompliance is identified, the state should describe how it verifies, as soon as possible, and in no case later than one year after the state's written notification of noncompliance, that the LEA is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) through a review of updated data. If child-specific noncompliance was identified, the state must also describe how the LEA has corrected each individual instance of child-specific noncompliance.

If the state chooses to implement a pre-finding process, describe the process.

Provide verification information for findings of noncompliance for indicator-specific noncompliance as well as the Part B SPP/APR Related Requirements Document. The state should describe

1. how it verified the correction of noncompliance for each instance of child-specific noncompliance,
2. how systemic noncompliance has been corrected, and
3. steps taken if noncompliance was not corrected within one year of identification.

DRAFT

Using items 1–3 above, the state should describe how they verified correction of noncompliance specific to each of the compliance indicators: 4B, 9, 10, 11, 12, and 13.
States may also provide additional information related to the correction of other findings of noncompliance that are not specific to the compliance indicators. This includes reporting on correction of all other findings of noncompliance that were not reported under the compliance indicators (e.g., results indicators, including related requirements; fiscal; dispute resolution).

**Verification Process for each bucket:**

**State Complaints: (Pull this process from the Dispute Resolution protocol)**

1. Correction of Individual noncompliance is tracked by te compliance coordinator.
2. Systemic levels of noncompliance are also tracked based on the level of noncompliance.
    a. All compliance activities are conducted by the compliance coordinator regardless of if there is compliance or noncompliance identified.
    b. The compliance coordinator enters the data into a database (Access Database)
3. All noncompliance must be corrected within one year of identification
4. If corrective action was not completed within one year, the state has a process to elevate the required action to leadership and take enforcement actions as necessary.
5. DR Coordinator and the Compliance Coordinator verifies each entry within the spreadsheet.
6. Excel spreadsheet includes all the federal requirements, this allows immediate validation prior to submitting to the SPP/APR Coordinator for submission.

**Due** *Process (Tentatively the process but subject to change)*

1. Determine and finalize policy and procedures regarding enforcement of due process decisions with (Office of Administrative Hearing (OAH)
2. Systemic levels of noncompliance are also tracked based on the level of noncompliance.
    a. All compliance activities are conducted by the compliance coordinator regardless of if there is compliance or noncompliance identified.
    b. The compliance coordinator enters the data into a database (Access Database)
3. All noncompliance must be corrected within one year of identification
4. If corrective action was not completed within one year, the state has a process to elevate the required action to leadership and take enforcement actions as necessary.
5. DR Coordinator and the Compliance Coordinator verifies each entry within the spreadsheet.
6. Excel spreadsheet includes all the federal requirements, this allows immediate validation prior to submitting to the SPP/APR Coordinator for submission.

**Monitoring:**

Same process above…

1. The program specialist reviews individual corrections as well as newly completed to ensure correction in accordance with 23.01
2. The program specialist enters individual corrections into IRON tracking in the monitoring application
3. The program specialist enters updates into the CAP based on the review of the newly completed data to track progress toward systemic compliance
4. PSM leadership pulls the IRON tracking report for the individual PEAs to ensure correction and valid reporting
5. PSM leadership pulls the SOF line-item compliance report to review CAP updates for systemic compliance
6. Any correction(s) not completed within one year will result in enforcement actions

**Fiscal:** Process currently being developed

**State Audit:** Process currently being developed

DRAFT

**Internal Approval Process**

Describe any internal approval processes (e.g., who must sign off, timelines).

Needed from Angela.

**Submission**

Describe the process for entering the data and analyses into the online SPP/APR submission tool. Include information about the person authorized to certify the final report.

Measurement data are prefilled in the online SPP/APR submission tool.

Needed from Heather.

**Clarification**

Describe the process the SEA uses to prepare a response to OSEP's requests for clarification, including identification of the state staff assigned to prepare the response.

OSEP generally sends clarification requests to SEAs about 60 days post submission.

Same as other protocols

May require additional information based on OSEPs ask.

Any additional information needed would be compiled by the compliance coordinator and submitted to the SPP/APR coordinator to be included in the APR.

**Public Reporting**

Describe the process and format for publicly reporting the performance of each LEA against the targets of the state's SPP/APR as required by 34 C.F.R. § 300.160(f), including

a. where the SEA posts the state's SPP/APR and the performance of the LEAs against the state targets,
b. identifying the SEA staff responsible for ensuring LEA performance is publicly reported, and
c. how the state's report to the public on the performance of its LEAs is made accessible and complies with Section 508 of the Rehabilitation Act.

Same as other protocols.

DRAFT