

ILLINOIS STATE BOARD OF EDUCATION



Annual Performance Report, PART B

FFY2010 (2010-2011)

Revised April 10, 2012

**Part B Annual Performance Report (APR) for FFY 2010 (2010-2011)**

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## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

### Overview

The attached document is the Illinois State Board of Education (ISBE) *Part B Annual Performance Report for FFY 2010 (2010-2011)*, or APR. In accordance with 20 U.S.C. 1416(2)(C)(ii), each state must report annually to OSEP on its performance according to its State Performance Plan (SPP) targets. The FFY10 (2010-2011) Illinois Part B APR was developed in conjunction with the revised Illinois Part B State Performance Plan (SPP). Progress and/or slippage in meeting the original and revised “measurable and rigorous targets” found in the SPP are addressed via the APR. The State posts the APR on the ISBE website (<http://www.isbe.net/spec-ed/>) as a means of reporting to the public on the progress and/or slippage in meeting the “measurable and rigorous targets” found in the SPP. In addition, the State publishes the Annual State Report on Special Education Performance in which key performance data for students with disabilities is summarized. Finally, the performance of every local education agency (LEA) located in the State, as related to the targets in the SPP, can be found in the District Special Education Profiles posted on the ISBE website at <http://webprod1.isbe.net/LEAProfile/SearchCriteria1.aspx>.

ISBE has ongoing communication with its primary stakeholder group, the Illinois State Advisory Council on the Education of Children with Disabilities (ISAC) through subcommittee meetings and committee of the whole meetings. In February, April, June and October of 2011 and January of 2012, ISBE staff participated in ISAC meetings, and had discussions with ISAC stakeholders regarding the SPP/APR and their specific indicators. In addition to this primary stakeholder group, ISBE collaborated with many other stakeholders to address specific indicators within the SPP/APR. Such stakeholder groups included Child and Family Connections (CFCs), the Community Residential Services Authority (CRSA), the Early Childhood Outcomes (ECO) Stakeholder Group, the Harrisburg Project, the Illinois Alliance of Administrators of Special Education (IAASE), the Illinois Children’s Mental Health Partnership (ICMHP), the Illinois Department of Children and Family Services (DCFS), the Illinois Department of Human Services (DHS), the Illinois Department of Mental Health (DMH), the Illinois Interagency Coordinating Council (IICC), the Illinois Statewide Technical Assistance Center (ISTAC) project members, the Parent Task Force, Parent and Training Information Centers (PTIs), the Post Secondary Task Force, Regional Offices of Education and Support and Technical Assistance Regionally (STARNET). ISBE also shared information with stakeholders throughout the state via various conferences, regional professional development opportunities and task force meetings. Comments and suggestions from our stakeholder groups were incorporated into the revised State Performance Plan. The revised Illinois State Performance Plan is available on the ISBE website (<http://www.isbe.net/spec-ed/>) and will be featured in the Superintendent’s Weekly Bulletin to Local Education Agency (LEA), or school district, staff and other interested parties who subscribe to the Bulletin in February 2012.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

### Monitoring Priority: FAPE in the LRE

**Indicator 1:** Percent of youth with IEPs graduating from high school with a regular diploma.

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

**Measurement:** Percent = [(# of youth with IEPs graduating from high school with a regular diploma) divided by the (# of original freshmen with IEPs + Transfer in with IEPs – Transfer out or died with IEPs)] times 100.

FFY	Measurable and Rigorous Target
2010	80.0%
(2009-2010 – data lag of one year)	Actual Target Data
	78.2%

#### Graduation Definition:

Per the Illinois School Code, in addition to other course requirements, each pupil entering the 9<sup>th</sup> grade must successfully complete the following courses to graduate with a regular diploma: three years of language arts; two years of mathematics, one of which may be related to computer technology; one year of science; two years of social studies, of which at least one year must be history of the United States or a combination of history of the United States and American government; and one year chosen from (A) music, (B) art, (C) foreign language, which shall be deemed to include American Sign Language or (D) vocational education. This does not apply to students with disabilities whose course of study is determined by an IEP. Decisions regarding the issuance of a diploma for students with disabilities whose course of study is determined by an IEP are made at the LEA level. Course requirements are the same for students with disabilities as they are for students without disabilities with the exception of those determined by the IEP team to be inappropriate.

Graduates include only students who were awarded regular diplomas. Students with GEDs and other, non-regular completion certificates are not included. The calculation used to determine graduation rate for all youth and youth with IEPs is a cohort rate. Graduation rate is calculated from School Report Card data files by using the following formula:

$$\text{graduates} / \text{original freshmen} + \text{transfer in} - \text{transfer out or died}$$

This calculation is done for all youth, including youth with IEPs. These data are the same data that are used for reporting to the Department for all students under Title I of the Elementary and Secondary Education Act (ESEA).

#### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

There is a data lag of one year for this indicator, as States were instructed to describe the results of the data for the year before the reporting year (2009-2010). ISBE did not meet its measurable and rigorous target of 80.0% for this indicator. This target is the same as the target for Title I of ESEA. The data remain statistically unchanged from 78.1% in 2008-2009 to 78.2% in 2009-2010. Based on School Report Card data collected in May of 2010, the percent of youth with IEPs graduating from high school with a regular

diploma is 78.2% [16323 / (23340 + 4049 – 6525)] or 16323 / 20864. The improvement activities listed for Indicator 1 in Illinois's State Performance Plan were implemented as planned. The Special Education Services Division and other agency divisions will continue to work with the specific entities delineated in the SPP improvement activities to increase LEA participation in the types of programs designed to improve data for this indicator. In addition, increased LEA participation in the shared improvement activities aligned to Indicators 1 and 2 will be encouraged and monitored by the ISTAC partners with collaboration from ISBE Indicator 1 and 2 SPP teams. For example, a brief analysis of Positive Behavior Interventions and Supports (PBIS) data shows a modest gain in graduation rate for students with disabilities in LEAs participating in PBIS as compared to students with disabilities in non-participating LEAs. ISBE will continue to provide multiple methods of technical assistance regarding secondary transition, family involvement, family/school/community collaboration, evidence-based practices, local self-assessment data, support of data-based decision making and accurate and reliable data submissions.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that one activity needed to be revised to better reflect ISBE's current status in relation to the Common Core Standards: 1) Collaborate with other agency divisions and various stakeholders to review and implement the Common Core Standards as adopted by ISBE as part of the American Diploma Project (ADP).

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

**Monitoring Priority: FAPE in the LRE**

**Indicator 2:** Percent of youth with IEPs dropping out of high school.

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

**Measurement:** Percent = [(# of youth with IEPs dropping out of high school) divided by the (total high school enrollment of youth with IEPs)] times 100.

FFY	Measurable and Rigorous Target
2010	5.0%
(2009-2010 – data lag of one year)	Actual Target Data
	4.3%

### Dropout Definition:

A dropout is defined as any child enrolled in grades 9 through 12 whose name has been removed from the LEA enrollment roster for any reason other than the student's death, extended illness, removal for medical non-compliance, expulsion, aging out, graduation or completion of a program of studies, and who has not transferred to another public or private school, and is not known to be home schooled by parents or guardians or continuing school in another country. The calculation used to determine the dropout rate for youth with IEPs is the total number of high school dropouts with IEPs for the subgroup as reported in the End of Year Report divided by the total high school enrollment of youth with IEPs as reported in the End of Year Report. The dropout definition is the same for youth with and without IEPs. These data are the same data that are used for reporting to the Department for all students under Title I of the Elementary and Secondary Education Act (ESEA).

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

There is a data lag of one year for this indicator as States were instructed to describe the results of the data for the year before the reporting year (2009-2010). ISBE met its measurable and rigorous target of 5.0% for this indicator. Based on 2009-2010 data collected via the statewide Student Information System (SIS), the percent of youth with IEPs dropping out of high school was 4.3% (4106 / 94543). These data represent progress from 5.1% in 2008-2009. The improvement activities listed for Indicator 2 in Illinois's State Performance Plan (SPP) are closely related to the SPP improvement activities found in Indicators 1, 13 and 14. These improvement activities were implemented as written for Indicator 2. ISBE will continue to provide multiple methods of technical assistance regarding secondary transition, family involvement, family/school/community collaboration, evidence-based practices, self-assessment data, support of data-based decision making and accurate and reliable data submissions. ISBE will also continue to use intra-agency dropout prevention initiative survey results to guide further communication across the agency in an effort to enhance SPP improvement activities and further efforts in Illinois.

Results from statewide PBIS efforts demonstrate positive trends in promoting the reduction of dropouts for students with disabilities. The PBIS Network has accelerated its focus on high schools. The number of high schools supported by the Illinois PBIS Network has increased to 156, with 65% of those high

schools initiating PBIS in the last three years. The PBIS Network has also accelerated its focus on the development of systems and practices at Intervention Tiers 2 and 3 in high schools with the support of federal grants specifically designed for this group of students. For example, one Illinois PBIS Network high school demonstration site that is implementing Check-In Check-Out (CICO) has seen the number of office discipline referrals decrease by 92% as compared to pre-CICO percentages for the same students. The Illinois PBIS Network provides training in dropout prevention models, including Check & Connect, Rehabilitation for Empowerment (RENEW), Natural Supports and Education and Work. The RENEW process is used in conjunction with the Illinois model of wraparound to provide an opportunity for future planning and successful transition from school into the workforce. Experiences with wraparound in the PBIS demonstration sites indicate that approximately 50% of the students selected for intervention have IEPs, and students who access this support reduce their risk of moving to more restrictive placements, often a precursor to dropping out of school.

ISBE staff members will continue to participate in state and national conferences, such as the Illinois Dropout Summit and the Dropout Summit hosted by the National Dropout Prevention Center for Students with Disabilities to garner the most relevant, research-based information related to Indicator 2.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that one activity needed to be revised to better reflect ISBE's current status in relation to the Common Core Standards: 1) Collaborate with other agency divisions and various stakeholders to review and implement the Common Core Standards as adopted by ISBE as part of the American Diploma Project (ADP).

**Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)**

**Monitoring Priority: FAPE in the LRE**

**Indicator 3:** Participation and performance of children with IEPs on statewide assessments:

- A. Percent of the districts with a disability subgroup that meets the State’s minimum “n” size that meet the State’s AYP targets for the disability subgroup.
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.

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

**Measurement:**

- A. AYP percent = [(# of districts with a disability subgroup that meets the State’s minimum “n” size that meet the State’s AYP targets for the disability subgroup) divided by the (total # of districts that have a disability subgroup that meets the State’s minimum “n” size)] times 100.
- B. Participation rate percent = [(# of children with IEPs participating in the assessment) divided by the (total # of children with IEPs enrolled during the testing window, calculated separately for reading and math)]. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.
- C. Proficiency rate percent = [(# of children with IEPs enrolled for a full academic year scoring at or above proficient) divided by the (total # of children with IEPs enrolled for a full academic year, calculated separately for reading and math)].

FFY	Measurable and Rigorous Target
<b>2010  (2010-2011)</b>	3A. 85.0% 3B. 95.0% Reading, 95.0% Math 3C. 42.0% Reading, 40.0% Math
	<b>Actual Target Data</b>
	3A. 21.9% 3B. 98.2% Reading, 98.2% Math 3C. 41.2% Reading, 53.2% Math

## Targets and Actual Target Data for FFY 2010:

FFY 2010	Measurable and Rigorous Targets									
	LEAs Meeting AYP for Disability Subgroup (3A)		Participation for Students with IEPs (3B)				Proficiency for Students with IEPs (3C)			
Targets for FFY 2010 (2010-2011)	85.0%		Reading		Math		Reading		Math	
			95%		95%		42%		40%	
Actual Target Data for FFY 2010 (2010-2011)	#	%	#	%	#	%	#	%	#	%
		126 / 576	21.9%	147611 / 150291	98.2%	147596 / 150300	98.2%	57080 / 138551	41.2%	73676 / 138521

Indicator 3A data for FFY10 show that 21.9% (126 / 576) of LEAs met the State's AYP objectives for students with disabilities, down from 31.0% (176 / 567) in FFY09. Indicator 3B data for FFY10 show that 98.2% (147,611 / 150,291) of all students with disabilities participated in the reading statewide assessment, and 98.2% (147,596 / 150,300) of all students with disabilities participated in the math statewide assessment as compared to 98.4% in reading (148,268 / 150,709) and 98.3% in math (148,223 / 150,721) for FFY09. Indicator 3C data for FFY10 show that 41.2% (57,080 / 138,551) of students with disabilities met or exceeded standards for reading as compared to 42.0% (58,098 / 138,252) in FFY09 and 53.2% (73,676 / 138,521) of students with disabilities met or exceeded standards for math as compared to 53.8% (74,290 / 138,200) in FFY09.

**3A) LEAs with a disability subgroup that meet the State's minimum "n" size AND met the State's AYP target for the disability subgroup.**

Year	Total Number of LEAs	Number of LEAs Meeting the "n" size	Number of LEAs that meet the minimum "n" size and met AYP for FFY 2010	Percent of LEAs
FFY 2010 (2010-2011)	868	576	126	21.9%

**3B) Disaggregated Target Data for Math Participation:**

Statewide Assessment 2010-2011		Math Assessment								
		Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade HS	Total	
									#	%
a	Children with IEPs	20974	21806	22264	21766	21689	21535	20266	150300	100%
b	IEPs in regular assessment - no accommodations	8077	6737	5587	4544	3677	3726	3485	35833	23.8%
c	IEPs in regular assessment with accommodations	10853	12947	14501	15091	15763	15557	13567	98279	65.4%
d	IEPs in alternate assessment against grade-level standards	N/A								
e	IEPs in alternate assessment against modified standards	N/A								
f	IEPs in alternate assessment against alternate standards	1841	1910	1968	1905	1932	1884	2044	13484	9.0%
g	Overall (b+c+d+e+f) Baseline	20771	21594	22056	21540	21372	21167	19096	147596	98.2%
Children included in a but not included in the other counts above		203	212	208	226	317	368	1170	2704	1.8%

**3B) Disaggregated Target Data for Reading Participation:**

Statewide Assessment 2010-2011		Reading Assessment								
		Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 11	Total	
									#	%
a	Children with IEPs	20970	21805	22260	21766	21690	21537	20263	150291	100%
b	IEPs in regular assessment - no accommodations	8080	6731	5582	4545	3688	3728	3479	35833	23.8%
c	IEPs in regular assessment with accommodations	10840	12957	14496	15107	15792	15560	13525	98277	65.4%
d	IEPs in alternate assessment against grade-level standards	N/A								
e	IEPs in alternate assessment against modified standards	N/A								
f	IEPs in alternate assessment against alternate standards	1842	1914	1971	1908	1934	1886	2046	13501	9.0%
g	Overall (b+c+d+e+f) Baseline	20762	21602	22049	21560	21414	21174	19050	147611	98.2%
Children included in a but not included in the other counts above		208	203	211	206	276	363	1213	2680	1.8%

**3C) Disaggregated Target Data for Math Performance: Number and percentage of students enrolled for a full academic year with IEPs that scored proficient or higher**

Statewide Assessment 2010-2011		Math Assessment Performance							Total	
		Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade HS	#	%
a	Children with IEPs	19460	20193	20681	20170	20021	19891	18105	138521	
b	IEPs in regular assessment with no accommodations	6371	5167	3888	3045	2343	2346	498	23658	17.1%
c	IEPs in regular assessment with accommodations	6091	6969	6634	6461	6702	7040	1519	41416	29.9%
d	IEPs in alternate assessment against grade-level standards	N/A								
e	IEPs in alternate assessment against modified standards	N/A								
f	IEPs in alternate assessment against alternate standards	964	1184	1166	1304	1327	1269	1388	8602	6.2%
g	Overall (b+c+d+e+f) Baseline	13426	13320	11688	10810	10372	10655	3405	73676	53.2%

**3C) Disaggregated Target Data for Reading Performance: Number and percentage of students enrolled for a full academic year with IEPs that scored proficient or higher**

Statewide Assessment – 2010-2011		Reading Assessment Performance						Total		
		Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade HS	#	%
a	Children with IEPs	19450	20197	20688	20195	20065	19895	18061	138551	
b	IEPs in regular assessment with no accommodations	4995	4058	3313	2972	2058	2291	542	20229	14.6%
c	IEPs in regular assessment with accommodations	2884	3251	4003	5828	4700	6460	2027	29153	21.0%
d	IEPs in alternate assessment against grade-level standards	N/A								
e	IEPs in alternate assessment against modified standards	N/A								
f	IEPs in alternate assessment against alternate standards	850	966	1015	1152	1170	1231	1314	7698	5.6%
g	Overall (b+c+d+e+f) Baseline	8729	8275	8331	9952	7928	9982	3883	57080	41.2%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

Data for Indicator 3B remain statistically unchanged while data for Indicator 3A and 3C indicate slippage. ISBE met its measurable and rigorous targets for Indicator 3B. Like many other SEAs, Illinois has seen slippage in Indicator 3A and did not meet its target. ISBE uses the same criteria found in the Illinois Accountability Workbook to calculate Indicator 3A. These criteria prescribe that AYP becomes more stringent every year, resulting in fewer LEAs meeting the State's AYP target for the disability subgroup. ISBE met its measurable and rigorous target in math for Indicator 3C but did not do so in reading. Reasons for the slight slippage in both reading and math for Indicator 3C are not readily apparent. Root cause analysis strategies and evaluation via the Indicator 3 SPP team revealed no correlational or causal factors related to the slight slippage in the data. After review and evaluation of the improvement activities, it was determined that activities were implemented as planned and reached the target audience(s). ISBE will continue to provide multiple methods of technical assistance regarding Positive Behavior Interventions and Supports (PBIS), school-based problem solving, Response to Intervention (RtI), evidence-based practices, self-assessment data, support of data-based decision making and accurate and reliable data submissions.

**Public Reporting Information:**

The Illinois State Report Card for reporting assessment data for students with and without disabilities is available at the following link: <http://webprod.isbe.net/ereportcard/publicsite/getsearchcriteria.aspx>

The Illinois Annual Performance Report, Part B provides assessment data for students with disabilities at the following link: <http://www.isbe.net/spec-ed/default.htm>

The Assessment Participation Report required by OSEP can be found at the following link: [http://www.isbe.net/spec-ed/pdfs/assess\\_partic\\_rpt11.pdf](http://www.isbe.net/spec-ed/pdfs/assess_partic_rpt11.pdf)

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that one activity needed to be removed as it had been completed: 1) ~~Develop and implement a definition for specific learning disability (SLD) eligibility that includes RtI and does not require the use of discrepancy data.~~

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

**Monitoring Priority: FAPE in the LRE**

**Indicator 4A:** Rates of suspension and expulsion:

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

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

**Measurement:**

- A. Percent = [(# of districts that have a significant discrepancy in the rates of suspensions and expulsions for greater than 10 days in a school year for children with IEPs) divided by the (# of districts in the State)] times 100.

FFY	Measurable and Rigorous Target
2010 (using 2009-2010 data)	5.0%
	<b>Actual Target Data</b>
	2.3%

### Definition of Significant Discrepancy and Methodology

Data on suspensions and expulsions of children with disabilities are derived from 618 data submitted by LEAs via the statewide Student Information System (SIS). ISBE's examination of the data includes a comparison of the rates of suspensions and expulsions for students with IEPs among LEAs within the state. In Illinois a LEA is determined to meet the state definition of "significant discrepancy" if its suspension/expulsion rate is greater than the State Suspension/Expulsion Rate plus one standard deviation for three consecutive years and the LEA had at least five students suspended or expelled for more than 10 days. ISBE examined the rates of suspensions and expulsions greater than 10 days in a school year of children with IEPs for all 868 LEAs in the 2009-10 school year. In October 2008, ISBE worked collaboratively with its primary stakeholder group, ISAC, to review the definition of "significant discrepancy" and to include the phrase "for three consecutive years" to the definition. The purpose of this expansion was to better align the definitions with the improvement activities for Indicator 4 and to maintain consistency in procedures, where possible, among Indicators 4A, 4B, 9 & 10.

Of the 868 LEAs, 771 LEAs reported 0 suspensions and expulsions greater than 10 days in a school year of children with IEPs for the past three consecutive school years (2007-08, 2008-09 & 2009-10). Of the remaining 97 LEAs which reported at least 1 child with an IEP with suspensions or expulsions greater than 10 days in a school year, 59 did not meet the minimum "n" size requirement of at least 5 students with IEPs suspended or expelled more than 10 days in a school year for the past three consecutive years. Twenty of the remaining 38 LEAs had significant discrepancies in rates for suspension and expulsion.

### LEAs with Significant Discrepancy in Rates for Suspension and Expulsion

Year	Total Number of LEAs	Number of LEAs that have Significant Discrepancies	Percent
FFY 2010 (using 2009-2010 data)	868	20	2.3%

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

LEAs that meet the suspension/expulsion criteria for significant discrepancy are required to complete a self-assessment that includes a review of policies, procedures and practices related to suspensions and expulsions. A component of this review requires LEAs to address the collection of data, the development and implementation of IEPs, the use of positive behavioral interventions and supports, and the application of procedural safeguards to ensure that such policies, procedures, and practices comply with applicable requirements. Each LEA develops an action plan to reduce the rates of suspension/expulsions of children with disabilities for more than ten days in a school year. Action plans include methods for improving data collection to track patterns of student behavior; additional training and professional development for teachers and administrators; and implementation of research-based prevention programs, such as PBIS and RtI.

After reviewing the completed LEA self-assessments, the State determines which LEAs do not meet the requirements of 34 CFR 300.170(b). These LEAs are then notified of their finding of noncompliance, requiring timely correction within one year from the date of the finding. These LEAs are required by the State to review and revise policies, procedures and practices in one or more of the following areas: the development and implementation of IEPs, the use of positive behavioral interventions and supports or procedural safeguards. The revisions are to be added to the District Improvement Plan (DIP) and approved by ISBE. LEAs are also required to report such revisions to the public. ISBE implements a verification process to ensure that DIPs were implemented, noncompliance was corrected and LEAs are now correctly implementing the specific regulatory requirement. Three such LEAs were identified in FFY10 as not meeting the requirements of 34 CFR 300.170(b).

#### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Illinois met its measurable and rigorous target for FFY10 as the percentage of 2.3% is below the target percentage of 5.0% as noted in the SPP. Data remain statistically unchanged even though the percentage of LEAs meeting established criteria decreased from FFY08 (2.5%) to FFY09 (2.3%). Improvement activities under Indicator 4 were implemented as planned. ISBE has made a concerted effort to provide broader communication at the state level in notifying LEAs of resources available related to this indicator. These resources include training and technical assistance provided through the Illinois PBIS Network, which applies a three-tiered system of support and a problem-solving process to enhance the capacity of schools to effectively educate all students. The PBIS Network is linked to the scaling up of the RtI framework.

#### Correction of Findings of Noncompliance Identified in FFY 2009 (based on FFY2008 data):

1. <del>Number of findings of noncompliance the State made during FFY09 using 2008-2009 data</del>	<b>6</b>
2. <del>Number of FFY09 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)</del>	<b>6</b>
3. <del>Number of FFY09 findings <u>not</u> verified as corrected within one year [(1) minus (2)]</del>	<b>0</b>

No LEAs were identified with findings of noncompliance between July 1, 2009 and June 30, 2010.

**Verification of Correction (either timely or subsequent):**

In order to verify that LEAs were correctly implementing specific regulatory requirements, ISBE reviewed District Improvement Plans (DIPs), LEA progress reports and LEA materials documenting the implementation of strategies and activities related to the suspension/expulsion of students with disabilities in the District Improvement Plan (DIP). In addition, ISBE reviewed updated LEA-level data that supported the LEA's documentation that DIP strategies and activities had the intended impact on the suspension/expulsion rate for students with disabilities. As needed, ISBE met with LEA staff to assist with revisions to policies, procedures and practices and to develop the LEA's DIP. When appropriate, ISBE also conducted onsite visits in which files were reviewed, programs were observed and data were discussed with LEA staff to verify correction.

**Additional Information Required by the OSEP APR Response Table for this Indicator:**

Statement from the Response Table	State's Response
<p>The State must report that it has verified that each LEA with noncompliance identified by the State in FFY09 based on FFY08 data: (1) is correctly implementing the specific regulatory requirements (achieved 100% compliance) based on a review of updated data and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA. The State must describe the specific actions that were taken to verify the correction.</p>	<p>All 6 LEAs timely corrected their FFY09 findings of noncompliance (based on FFY08 data). All 6 LEAs were determined to be correctly implementing the specific regulatory requirements (achieved 100% compliance) based on a review of updated data and had corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA. Specific actions taken to verify correction are discussed above. Through these multiple activities and reviews of updated data, ISBE staff verified that the LEAs were correctly implementing the 34 CFR 300.170(b) in accordance with OSEP Memorandum 09-02.</p> <p><u>No LEAs were identified with findings of noncompliance between July 1, 2009 and June 30, 2010. The 6 LEAs originally identified as having noncompliance in FFY09 had findings made outside of the 7/1/09-6/30/10 timeline and are, therefore, now to be designated as FFY10 findings of noncompliance.</u></p>

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/ Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that all current improvement activities would continue to be implemented as written.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

**Monitoring Priority: FAPE in the LRE**

**Indicator 4B:** Rates of suspension and expulsion:

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

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

**Measurement:**

B. Percent = [(# of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of districts in the State)] times 100.

FFY	Measurable and Rigorous Target
2010 (using 2009-2010 data)	0.0%
	<b>Actual Target Data</b>
	0.3%

**Definition of Significant Discrepancy and Methodology:**

Data on suspensions and expulsions of children with disabilities are derived from 618 data submitted by LEAs via the statewide Student Information System (SIS). ISBE's examination of the data includes a comparison of the rates of suspensions and expulsions for students with IEPs in each racial or ethnic category among LEAs within the state. In Illinois a LEA is determined to meet the state definition of "significant discrepancy" if its suspension/expulsion rate is greater than the State Suspension/Expulsion Rate plus one standard deviation for three consecutive years and the LEA had at least five students with IEPs in a particular race/ethnicity suspended or expelled for more than 10 days. ISBE examined the rates of suspensions and expulsions greater than 10 days in a school year of children with IEPs for all 868 LEAs in the 2009-10 school year. In October 2008, ISBE worked collaboratively with its primary stakeholder group, ISAC, to review the definition of "significant discrepancy" and to include the phrase "for three consecutive years" to the definition. The purpose of this expansion was to better align the definitions with the improvement activities for Indicator 4 and to maintain consistency in procedures, where possible, among Indicators 4A, 4B, 9 & 10.

Of the 868 LEAs, 771 LEAs reported 0 suspensions and expulsions greater than 10 days in a school year of children with IEPs for the past three consecutive school years (2007-08, 2008-09 & 2009-10). Of the remaining 97 LEAs which reported at least 1 child with an IEP with suspensions or expulsions greater than 10 days in a school year, 71 did not meet the minimum "n" size requirement of at least 5 students with IEPs in a particular race/ethnicity suspended or expelled more than 10 days in a school year for the

past three consecutive years. Thirteen of the remaining 26 LEAs had significant discrepancies by race or ethnicity in rates of suspension and expulsion.

**4B(a). LEAs with Significant Discrepancy, by Race or Ethnicity, in Rates of Suspension and Expulsion:**

Year	Total Number of LEAs	Number of LEAs that have Significant Discrepancies by Race or Ethnicity	Percent
FFY 2010 (using 2009-2010 data)	868	13	1.5%

**4B(b). LEAs with Significant Discrepancy, by Race or Ethnicity, in Rates of Suspensions and Expulsions; and policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.**

Year	Total Number of LEAs	Number of LEAs that have Significant Discrepancies, by Race or Ethnicity, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.	Percent
FFY 2010 (using 2009-2010 data)	868	3	0.3%

**Review of Policies, Procedures, and Practices**

LEAs that meet the suspension/expulsion criteria for significant discrepancy are required to complete a self-assessment that includes a review of policies, procedures and practices related to suspensions and expulsions. A component of this review requires LEAs to address the collection of data, the development and implementation of IEPs, the use of positive behavioral interventions and supports, and the application of procedural safeguards to ensure that such policies, procedures, and practices comply with applicable requirements. Each LEA develops an action plan to reduce the rates of suspension/expulsions of children with disabilities for more than ten days in a school year. Action plans include methods for improving data collection to track patterns of student behavior; additional training and professional development for teachers and administrators; and implementation of research-based prevention programs, such as PBIS and RtI.

After reviewing the completed LEA self-assessments, the State determines which LEAs do not meet the requirements of 34 CFR 300.170(b). These LEAs are then notified of their finding of noncompliance, requiring timely correction within one year from the date of the finding. These LEAs are required by the State to review and revise policies, procedures and practices in one or more of the following areas: the development and implementation of IEPs, the use of positive behavioral interventions and supports or procedural safeguards. The revisions are to be added to the District Improvement Plan (DIP) and approved by ISBE. LEAs are also required to report such revisions to the public. ISBE implements a verification process to ensure that DIPs were implemented, noncompliance was corrected and LEAs are now correctly implementing the specific regulatory requirement. Three such LEAs were identified in FFY10 as not meeting the requirements of 34 CFR 300.170(b), as noted in the table above.

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010:

Illinois made progress as the percentage of LEAs meeting established criteria decreased from a baseline of 0.7% in FFY09 to 0.3% in FFY10. While Illinois made progress and is substantially compliant, the measurable and rigorous target for FFY10 was not met. Improvement activities under Indicator 4 were implemented as planned. ISBE has made a concerted effort to provide broader communication at the state level in notifying LEAs of resources available related to this indicator. These resources include training and technical assistance provided through the Illinois PBIS Network, which applies a three-tiered system of support and a problem-solving process to enhance the capacity of schools to effectively educate all students. The PBIS Network is linked to the scaling up of the Rtl framework.

### Correction of Findings of Noncompliance Identified in FFY 2009 (based on 2008-2009 data):

1. <del>Number of findings of noncompliance the State made during FFY09 using 2008-2009 data</del>	<b>6</b>
2. <del>Number of FFY09 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)</del>	<b>6</b>
3. <del>Number of FFY09 findings <u>not</u> verified as corrected within one year [(1) minus (2)]</del>	<b>0</b>

No LEAs were identified with findings of noncompliance between July 1, 2009 and June 30, 2010.

### Verification of Correction (either timely or subsequent):

~~In order to verify that LEAs were correctly implementing specific regulatory requirements, ISBE reviewed District Improvement Plans (DIPs), LEA progress reports and LEA materials documenting the implementation of strategies and activities related to the suspension/expulsion of students with disabilities in the District Improvement Plan (DIP). In addition, ISBE reviewed updated LEA-level data that supported the LEA's documentation that DIP strategies and activities had the intended impact on the suspension/expulsion rate for students with disabilities. As needed, ISBE met with LEA staff to assist with revisions to policies, procedures and practices and to develop the LEA's DIP. When appropriate, ISBE also conducted onsite visits in which files were reviewed, programs were observed and data were discussed with LEA staff to verify correction.~~

### Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State's Response
The State must demonstrate that the LEAs identified with noncompliance in FFY09 based on FFY08 data have corrected the noncompliance, including that the State verified that each LEA with noncompliance: (1) is correctly implementing the specific regulatory requirements (achieved 100% compliance) based on a review of updated data and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA. The State must describe the specific actions that were taken to verify the correction.	<del>All 6 LEAs timely corrected their FFY09 findings of noncompliance. All 6 LEAs were determined to be correctly implementing the specific regulatory requirements (achieved 100% compliance) based on a review of updated data and had corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA. Specific actions taken to verify correction were discussed in the preceding section. Through these multiple activities and reviews of updated data, ISBE staff verified that the LEAs were correctly implementing the specific regulatory requirements in accordance with OSEP Memorandum 09-02.</del>

	<u>No LEAs were identified with findings of noncompliance between July 1, 2009 and June 30, 2010. The 6 LEAs originally identified as having noncompliance in FFY09 had findings made outside of the 7/1/09-6/30/10 timeline and are, therefore, now to be designated as FFY10 findings of noncompliance.</u>
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**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/ Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that all current improvement activities would continue to be implemented as written.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

### Monitoring Priority: *FAPE in the LRE*

**Indicator 5:** Percent of children with IEPs aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

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

#### Measurement:

- A. Percent = [(# of children with IEPs served inside the regular class 80% or more of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.
- B. Percent = [(# of children with IEPs served inside the regular class less than 40% of the day) divided by the (total # students aged 6 through 21 with IEPs)] times 100.
- C. Percent = [(# of children with IEPs served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

FFY	Measurable and Rigorous Target
2010  (2010-2011)	5A. 49.9%
	5B. 18.5%
	5C. 3.9%
	Actual Target Data
	5A. 52.7%
	5B. 15.2%
	5C. 5.9%

As Illinois has been approved to submit 618 Table 3 (EDEN File Specs N/X002, 089) via "EDEN only," ISBE submitted Educational Environment data to EDEN/EDFacts on February 1, 2011. ISBE submitted revised data to EDEN/EDFacts in August 2011, which were used to calculate Indicator 5A, 5B and 5C for FFY10. Therefore, data comparisons should be made using Illinois' final data submitted to EDEN/EDFacts in August 2011. Please note that the calculations for Indicators 5A, 5B and 5C do not include students who had been parentally placed in private schools and were receiving special education services on an Individualized Service Plan (ISP), even though these students are reported by ISBE under Section 618, as required. The measurements for Indicator 5 specifically refer to the number of children with IEPs; therefore, ISBE excludes students served under an ISP in this calculation (3,919 students in FFY10). These students have been removed from both the numerator and denominator for the calculation of Indicators 5A, 5B and 5C, resulting in a denominator of 266,342 – 3,919 = 262,423 for each calculation.

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

ISBE met its measurable and rigorous targets and made progress for Indicators 5A and 5B in FFY10. The percentage for 5A improved to 52.7% [138,387 / (266,342 – 3,919)] in FFY10 from 51.3% in FFY09. Indicator 5B improved to 15.2% [39,760 / (266,342 – 3,919)] in FFY10 from 17.0% in FFY09. The FFY10 data for Indicator 5C remain statistically unchanged. The percentage for 5C decreased to 5.9% [15,583 / (266,342 – 3,919)] in FFY10 from 6.0% in FFY09. The decrease equates to 589 fewer students from FFY09 to FFY10; however, ISBE did not reach its measurable and rigorous target for 5C.

Although ISBE did not reach its 5C target, it is believed that the completion of the improvement activities discussed below contributed to the progress on Indicator 5. After review and evaluation of the improvement activities, it was determined that activities were implemented as planned, reached the target audience(s) and progress had been made. ISBE and its technical assistance projects will continue to provide multiple methods of technical assistance and training to implement multi-tiered, school-wide academic, social-emotional and behavioral supports, and to enhance the capacity of general and special educators to implement research-based practices that will increase student access to the general education curriculum at grade level. For example, Project CHOICES is ISBE's Least Restrictive Environment (LRE) initiative. Project CHOICES provides collaborative support to schools, families, children and youth to ensure that all students learn in general education and community settings, and address and show progress toward the Illinois Learning Standards. Project CHOICES staff work collaboratively with LEAs (children and youth ages 3-21) to ensure that:

- All children have access to general education curriculum.
- All children and youth are assigned to general education classrooms and are treated by all staff as full participating members of the school community.
- Schools address social emotional development as a key part of academic outcomes.
- Schools develop and use data for decision making and problem solving.
- Schools make a concerted effort to involve family members.
- LEAs are committed to system change and developing an effective educational system for all students.

Critical elements to improving educational environment outcomes in schools have been developed by the OSEP Technical Assistance Center on Positive Behavior Interventions and Supports. These include: 1) data that are collected and used for decision making and planning from a variety of sources, 2) quality, evidence based practices that reach the classroom level and impact delivery of instruction to students, 3) systems within LEAs and schools that support evidence based practices for teachers and related staff, and 4) high accountability for improved outcomes for all students that sustain when each of the critical elements is addressed in a LEA. CHOICES technical assistance and training are aligned to these four critical elements. In addition, these four elements, along with SPP indicators, have been the framework for design and use of the CHOICES self-assessment tool, Inclusive Practices Reflection Tool (IPRT). LEAs utilize the IPRT to evaluate their inclusive practices in various categories (e.g., school-wide settings, classroom settings, non-classroom settings and individual student settings).

In addition to training and technical assistance, Indicator 5 is targeted through the focused monitoring system to ensure FAPE in the LRE and a continuum of placement options. LEAs are selected for a focused monitoring review based on their ranking within their enrollment range and size/type. Those LEAs in each group with the lowest percentage of students inside the general education classroom 80% or more of the school day receive an onsite review.

The impact of ISBE's focused monitoring process on the percentage of students receiving services in the general education setting 80% or more of the day has been significant. Overall, 89.0% (102 of 112) of the LEAs monitored on Indicator 5 showed improvement at an average increase of 13.5%. Although LEAs are selected for on-site monitoring based on their Indicator 5A data, ISBE monitoring teams review data for 5A, 5B, and 5C when completing their pre-visit data analyses. LEAs that have a high percentage of students in 5B and/or 5C respond to questions about their practices and procedures for placing students in more restrictive settings to assure compliance. The monitoring teams also investigate how

LEAs transition students to less restrictive placements. In school year 2010-2011, 82% (27 of 33) of the LEAs monitored showed an average increase of 7.3% in Indicator 5A data. In school year 2009-2010, 90% (27 of 30) of the LEAs monitored showed an average increase of 5.9% in Indicator 5A data. In school year 2008-2009, 93% (27 of 29) of the LEAs monitored showed an average increase of 14.5% in Indicator 5A data. In school year 2006-2007, 91% (10 of 11) of the LEAs monitored showed an average increase of 20.3% in Indicator 5A data. In school year 2005-2006, 67% (6 of 9) of the LEAs monitored showed an average increase of 12.8% in Indicator 5A data.

### Focused Monitoring in Illinois

School Year	Number of LEAs Monitored	Percentage of LEAs that Improved	Average Increase Across LEAs
2010-2011	33	82%	7.3 points
2009-2010	30	90%	5.9 points
2008-2009	29	93%	14.5 points
2007-2008	Reading gap between students with and without disabilities was used as a trigger for Focused Monitoring during this school year.		
2006-2007	11	91%	20.3 points
2005-2006	9	67%	12.8 points

In addition to the focused monitoring process, ISBE began, in conjunction with the Data Accountability Center (DAC), a pilot project focusing on educational environment providing Tier II interventions for LEAs. Six LEAs participated in the pilot in spring 2011. Over the course of the pilot, 5 of the 6 LEAs that participated show increases between 0.8% and 7.9% in their Indicator 5A data. Due to the success of the DAC Pilot, ISBE will continue to promote and support local data use to improve LRE results statewide via the Data Accountability Center by implementing an LRE Data Cohort. ISBE will transition responsibilities from DAC to the focused monitors and expand the number of LEAs that participate to 15 during the spring of 2012. ISBE will also implement the LRE Data Cohort on a semester-type basis, expanding the number of LEAs that participate to 30 over the course of 2012. ISBE will continue to target Indicator 5 through the focused monitoring system and the LRE Data Cohort to ensure FAPE in the LRE and a continuum of placement options. The protocols used by focused monitors for the indicator will continue to be revised to obtain additional information regarding how LEAs make placement decisions, especially when the decision is made to send a student to a separate facility. ISBE will continue to provide training to LEAs that need assistance in making appropriate placement decisions for students with disabilities.

### Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that all current improvement activities would continue to be implemented as written.

**Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)****Monitoring Priority: FAPE in the LRE**

**Indicator 6:** Percent of children aged 3 through 5 with IEPs attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and;
- B. Separate special education class, separate school or residential facility.

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

**Measurement:**

- A. Percent = [(# of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.
- B. Percent = [(# of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

States are not required to report on this Indicator in the FFY10 APR; however, the State and LEAs will continue to collect data on this indicator.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

### Monitoring Priority: FAPE in the LRE

**Indicator 7:** 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))

#### Measurement: 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 the (# 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 the (# 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 the (# 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 the (# 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 the (# 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 category (b) plus # of preschool children reported in category (c) plus # of preschool children reported in 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 category (e) divided by the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

FFY	Measurable and Rigorous Target	
<b>2010</b>  <b>(2010-2011)</b>	7A.1. 90.0%	
	7A.2. 61.5%	
	7B.1. 90.5%	
	7B.2. 62.0%	
	7C.1. 91.0%	
	7C.2. 73.5%	
	<b>Actual Target Data</b>	
	7A.1. 85.7%	
	7A.2. 57.3%	
	7B.1. 85.9%	
	7B.2. 56.0%	
	7C.1. 86.1%	
7C.2. 66.0%		

#### Targets and Actual Data for Preschool Children Exiting in FFY 2010 (2010-11)

Summary Statements	Actual FFY09	Actual FFY10	Target FFY10
	(% of children)		
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>			
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	86.9%	<b>85.7%</b>	<b>90.0%</b>
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	55.6%	<b>57.3%</b>	<b>61.5%</b>
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>			
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	86.7%	<b>85.9%</b>	<b>90.5%</b>
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	54.5%	<b>56.0%</b>	<b>62.0%</b>
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>			
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	86.4%	<b>86.1%</b>	<b>91.0%</b>
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	64.5%	<b>66.0%</b>	<b>73.5%</b>

**Progress Data for Preschool Children FFY 2010**

<b>A. Positive social-emotional skills (including social relationships):</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of children who did not improve functioning	182	1.6%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1237	10.5%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	3596	30.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	4932	42.0%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1788	15.2%
<b>Total</b>	<b>N=11735</b>	<b>100%</b>
<b>B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of children who did not improve functioning	184	1.6%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1261	10.7%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	3724	31.7%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	5060	43.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1506	12.8%
<b>Total</b>	<b>N=11735</b>	<b>100%</b>
<b>C. Use of appropriate behaviors to meet their needs:</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of children who did not improve functioning	179	1.5%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1141	9.7%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	2669	22.7%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	5520	47.0%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	2226	19.0%
<b>Total</b>	<b>N=11735</b>	<b>100%</b>

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

Illinois uses the *Child Outcomes Summary Form (COSF)* to gather data for this indicator. A comparison of FFY09 and FFY10 actual summary statement data for Summary Statement 1 indicates slight slippage in each of the three Outcomes, while a comparison of FFY09 and FFY10 actual summary statement data for summary Statement 2 indicate slight progress. The percentage for 7A, Summary Statement 1 decreased to 85.7% in FFY10 from 86.9% in FFY09 and Summary Statement 2 increased to 57.3% in FFY10 from 55.6% in FFY09. Indicator 7B, Summary Statement 1 decreased to 85.9% in FFY10 from 86.7% in FFY09 and Summary Statement 2 increased to 56.0% in FFY10 from 54.5% in FFY09. The percentage for 7C, Summary Statement 1 decreased to 86.1% in FFY from 86.4% in FFY09 and Summary Statement 2 increased to 66.0% in FF10 from 64.5% in FFY09. When compared with the FFY10 targets, the actual summary statement data indicate that Illinois did not meet the targets for this indicator. Upon analyses of these data, ISBE identified several possible correlations regarding the slippage.

One possible correlation is that data continue to become more reflective of Illinois' early childhood special education population. The last two fiscal years included and reported the full extent of children who entered the program at age three and participated in the program until turning age 6. These children are typically children with medical diagnoses which make them eligible for early childhood special education upon transition from early intervention. Therefore, this being the second year of this population, it is reasonable to assume that progress would decline from the earlier reporting period to this reporting period as more children with more significant developmental concerns are added to the data pool.

Another possible correlation is that Illinois continued to implement improvement activities to increase the accuracy of data submitted by the LEAs. Illinois made enhancements to the data collection system that prohibited LEAs from promoting a preschool aged child with an IEP to Kindergarten without reporting early childhood outcomes data. ISBE continues to follow up with LEAs that are missing early childhood outcome data to ensure accurate and timely reporting. Because of nationwide concerns from 619 programs regarding children being rated higher than expected on the COSF, training opportunities in Illinois have expanded and utilization of the decision tree has become more common and routine. Therefore, early childhood education service providers and evaluators may have a better understanding of the rating process and a feeling that ratings are more accurate now than early in the COSF process. In addition, Illinois is one of seven states participating in the national ENHANCE project conducted by SRI International. ENHANCE is a research project designed to improve data quality related to child outcomes. The ENHANCE project will provide information regarding the conditions under which the COSF process produces valid and reliable data.

During 2010-2011 the improvement activities for Indicator 7 were implemented as planned. ISBE made a concerted effort to provide broader communication at the state level in notifying LEAs of resources available related to Indicator 7. Resources include training and technical assistance provided through ISBE, ISTAC partners and the ECSE Training and Technical Assistance Project, STARNET. ISBE will maintain its improvement activities related to training and technical assistance so the use of the decision tree continues to become more common and routine. ISBE will also continue to ensure that professional development designed to improve the overall rating process, evaluation and assessment practices, data quality, early childhood program quality and early childhood outcomes is provided to the field.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that all current improvement activities would continue to be implemented as written.

As discussed in the FFY08 and FFY09 Illinois APR, these measurements and analyses are relatively new on a national level. ISBE plans to review and adjust these targets, as necessary, as more data on children who are in the program for 3 years become available. Due to the current national concerns discussed above, the Early Childhood Outcomes Stakeholders Committee, ISBE staff and ISAC will continue to review data to determine whether such concerns are factors in Illinois, and whether there is a need to revise the Illinois measurable and rigorous targets for Indicator 7.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

**Monitoring Priority: FAPE in the LRE**

**Indicator 8:** 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))

**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.

FFY	Measurable and Rigorous Target
2010	58.0%
(2010-2011)	<b>Actual Target Data</b>
	66.0%

### Survey Sampling Methodology:

ISBE continued to use the first 25 items from the Parent Survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM) to measure the percentage of parents who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

To ensure a representative sample of the population statewide and from each LEA annually, ISBE uses a sampling calculator to select a sample of LEAs for each school year. ISBE developed a six year cycle for LEAs selected to ensure that every LEA is included in this data collection over the span of the State Performance Plan. This six-year cycle has been carefully developed to ensure the sample of families selected for the survey annually are representative of the State and each LEA demographically in terms of age, primary disability, race/ethnicity, and gender. ISBE mails the Illinois Parent Involvement Survey to a representative sample of parents of students with disabilities within the LEA during the year the LEA has been selected for the survey, except for the Chicago Public Schools (CPS) District 299. CPS has been selected every year of the six year cycle, and ISBE ensures that a proportionate representation of parents of students with disabilities from the LEA receive the survey annually.

Of the 60,000 parents of students with disabilities in Illinois who were selected to participate in the 2010-2011 Illinois Parent Involvement Survey, 8,537 parents responded, yielding a 14.2% response rate. The FFY10 response rate decreased 2.7% from a response rate of 16.9% in FFY09. Eighty-eight percent (88.0%) of the respondents completed the survey in English, while 12.0% of the respondents completed the survey in Spanish. The sample of 60,000 families was carefully selected to ensure accurate representation of student demographics statewide and by LEA. Demographic information collected from returned surveys was analyzed by race/ethnicity, age, gender and disability. The data show that ISBE's sampling efforts are reasonable, the results are adequate to evaluate parent involvement and the response rate was representative of the population. ISBE found that among families who responded to the survey, those with students with Autism were slightly overrepresented among the survey respondents

and families with students with Specific Learning Disabilities were slightly underrepresented. ISBE also found that families who were White were slightly overrepresented among sample respondents, while families that were Black/African American were slightly underrepresented among sample respondents. While generally pleased with the validity and reliability of these data with regard to the representativeness of the survey respondents, ISBE continues to work with stakeholders, such as the Illinois State Advisory Council (ISAC), the Illinois Alliance of Administrators of Special Education (IAASE), Parent Training and Information Centers (PTIs), and the NCRRC to improve the response rate for the Indicator 8 Parent Survey. ISBE is utilizing ISTAC partners project staff to implement strategies to improve the survey response rate. The project staff established a call-in center that is available to parents during survey administration periods. The call-in center is staffed by people who speak both English and Spanish. This year, over 26% of the calls received were from Spanish speaking parents. In addition, the project's website features a page with the survey, including pop-up explanations for each item. ISBE is also exploring the utilization of technical assistance podcasts available in English and Spanish.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

FFY10 data show that ISBE met its measurable and rigorous target for this indicator and showed progress as compared to FFY09 data (63.7%). Of the 8,537 families who responded to the survey, 5,634 (66.0%) reported that schools facilitated parent involvement as a means of improving services and results for children with disabilities in FFY10. ISBE believes that the completion of improvement activities contributed to the increased percentage on this indicator. During 2010-2011 the improvement activities listed for Indicator 8 in Illinois's State Performance Plan were implemented. ISBE continues to collect data to improve practice around the state via its technical assistance projects, such as PBIS, IATTAP and the ISTAC projects. Webinars featuring guidance in areas of need identified through the survey responses, such as conflict resolution, least restrictive environment and secondary transition will be hosted by the Parent and Educator Partnership (PEP) and archived for future viewing on the [pepartnership.org](http://pepartnership.org) website and the ISBE website. These issues are also addressed through the educational rights guide, focused monitoring public forums and the special education directors' conference. ISBE continues to engage stakeholder groups, such as ISAC, IAASE and PTIs, in discussions regarding the survey results. The PTIs published information about the survey in their newsletters and on their websites and included links to the PEP website. In addition, ISBE continues to ensure parent involvement in state level decision-making through their inclusion on stakeholder groups such as ISAC, the LEA determinations stakeholder group and other committees. Finally, ISBE continues to include parents as full members on Focused Monitoring teams. Parents are equal team members participating in parent and school personnel interviews and student file reviews. Parents also co-facilitate the public forum held in conjunction with the onsite monitoring review. LEAs participating in the monitoring process are encouraged to include parents on the District Improvement Plan Team.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that all activities will be continued. One sub-activity under the first data collection and reporting improvement activity was removed based on its completion: 1) ~~Investigate the feasibility of utilizing ISTAC project staff to implement strategies to improve the survey response rate.~~ Another sub-activity was added under this same improvement activity to enhance the "usability" of the data collected: 2) LEAs and special education cooperatives that meet the "n" size of 10 receive reports that include the perceptions of families within their catchment area.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

### Monitoring Priority: Disproportionality

**Indicator 9:** Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

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

**Measurement:** Percent = [(# of districts 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)] times 100.

FFY	Measurable and Rigorous Target
2010	0.0%
(2010-2011)	<b>Actual Target Data</b>
	0.0%

### Definition of “Disproportionate Representation” and Methodology

Disproportionate representation (or disproportionality) of racial/ethnic groups in special education is defined as students in a particular racial/ethnic group (i.e., Asian, Black, Hispanic, Native American, Native Hawaiian/Other Pacific Islander, Two or More Races or White) being at a considerably greater or lesser risk of being identified as eligible for special education and related services than all other racial/ethnic groups enrolled either in the LEA or in the state (depending on the type of risk ratio calculation applied, as discussed below). ISBE uses a risk ratio to determine state risk for racial/ethnic disproportionality. To determine LEA risk for racial/ethnic disproportionality, ISBE uses a weighted risk ratio for LEAs in which there are at least 10 students in the racial/ethnic group and at least 10 students in the comparison group (all students in the racial/ethnic group enrolled in the LEA), and an alternate risk ratio for LEAs in which there are at least 10 students in the racial/ethnic group but fewer than 10 students in the comparison group enrolled in the LEA. The State utilized data from annual Fall Enrollment Counts from the Student Information System, or SIS, (for all students, grades 1-12) and December Child Count (for students with IEPs, ages 6-21), which is the same data reported to OSEP on Table 1 (Child Count) of Information Collection 1820-0043 (Report of Children with Disabilities Receiving Special Education under Part B of the IDEA, as amended).

ISBE examined data for all 868 LEAs in the 2010-2011 school year. Of the 868 LEAs, 616 LEAs had at least 10 students with IEPs ages 6 – 21 for the past three school years (2008-2009, 2009-2010 and 2010-2011). Accordingly, 252 LEAs did not meet the minimum “n” size for further analysis under Indicator 9.

**Step One:** States must provide the number of districts identified with disproportionate representation of racial and ethnic groups in special education and related services.

Using the criteria established above, the State determined that 5 out of 868, or 0.006% of LEAs met the data threshold for disproportionate representation in special education.

**Step Two: Determining if Disproportionate Representation is the Result of Inappropriate Identification**

ISBE uses a two-step process to determine the existence of disproportionality based on race and ethnicity in special education that is the result of inappropriate identification. First, ISBE calculates a weighted or alternate risk ratio for every school LEA in the state with regard to overall special education eligibility. Such risk ratios are calculated for each racial/ethnic group enrolled in a LEA. ISBE's criterion for determining overrepresentation based on race/ethnicity is a calculated weighted or alternate risk ratio of 3.0 or higher for three consecutive years for a particular racial/ ethnic group in which there are at least ten students in the special education population. ISBE's criterion for determining underrepresentation based on race/ethnicity is a calculated weighted or alternate risk ratio of 0.25 or lower for three consecutive years for a particular racial/ethnic group in which there are at least ten students in the special education population.

Second, in order to verify whether the disproportionality is the result of inappropriate identification in those LEAs with a risk ratio of 3.0 or higher or 0.25 or lower (consisting of the 5 LEAs identified in Step 1), ISBE requires the identified LEAs to conduct self-assessment activities, including data verification and a review of policies, practices and procedures related to curriculum and instruction, child find, evaluations, eligibility determinations and IEPs. This occurs through one of the following:

- Completing a Special Education Disproportionality District Self-Assessment (for newly identified LEAs),
- Completing a Status Report (for continuing LEAs with the same area of disproportionality two years in a row), or
- Completing a Status Report with Self-Assessment Update (for continuing LEAs with disproportionality two years in a row, but in a different area than the previous year).

The LEAs submit the results of the self-assessment activities to ISBE. Upon receipt, ISBE reviews the documentation (which includes information resulting from the LEA's review of policies, practices and procedures) and, combined with the LEA data, determines whether or not the disproportionality is, in fact, the result of inappropriate identification of students. For those LEAs found to have disproportionate representation two years in a row, the LEA and State review processes include a review of any new policies or procedures that went into effect since the prior review.

Of the 5 LEAs with disproportionate representation of one or more racial and ethnic groups in special education in FFY10, none (0) were found to have disproportionality due to inappropriate identification. Accordingly, final data indicate that Illinois met the target of 0.0% (0 LEAs / 868 LEAs) in FFY10.

**LEAs with Disproportionate Representation of Racial and Ethnic Groups that was the Result of Inappropriate Identification**

Year	Total Number of LEAs	Number of LEAs with Disproportionate Representation	Number of LEAs with Disproportionate Representation of Racial and Ethnic Groups that was the Result of Inappropriate Identification	Percent of LEAs
FFY 2010 (2010-2011)	868	5	0	0.0%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

The data indicate that the FFY10 percentage for this indicator remained steady as compared to FFY09 data (0.0%). ISBE continues to meet the target of 0.0% of LEAs determined to have disproportionate representation of racial/ethnic groups in special education due to inappropriate identification in FFY09. All LEAs were found in compliance. It is believed that the completion of Indicator 9 improvement activities contributed to meeting the target on this indicator. ISBE has continued to make a concerted effort to

update and increase the number of technical assistance resources available to LEAs to ensure their policies, procedures and practices result in the appropriate identification of students as eligible for special education. These resources include multiple types of training and technical assistance provided through IASPIRE and the Illinois PBIS Network, which focus on helping LEAs improve core instructional and behavioral programs and implement tiered academic and behavior interventions through an RtI framework. Resources also include the annually-updated self-assessment and other report templates, listed above for use with LEAs identified with disproportionate representation, an audiocast and PowerPoint for on-demand viewing and Special Education Disproportionality Frequently Asked Questions.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that five activities needed to be revised. Two activities were revised to update the name of Illinois' State Personnel Development Grant Project: 1) LEAs utilize ISBE training and technical assistance, and utilize ISBE evaluation tools, reports and systems to ensure reliable and accurate data through PBIS and ~~IASPIRE~~ Illinois RtI Network team trainings, web-based training modules and ISBE staff technical assistance and 2) Provide technical assistance and training to enhance the capacity of general and special educators to implement research based practices that will decrease disproportionality due to inappropriate identification through partnerships with state agencies, higher education entities, ~~IASPIRE~~ Illinois RtI Network, ROEs, parents, community agencies, etc., to develop a sustainable system of support. Three other activities were revised to align them more directly with Indicator 9: 1) Utilize data warehousing capabilities to compile, analyze and report data in order to calculate disproportionality risk ratios, 2) LEAs will utilize statewide technical assistance projects to implement multi-tiered, schoolwide academic and behavior supports to support prevention and/or reduction in disproportionate representation and 3) Assist LEAs with improvement plans that address corrective actions for issues of noncompliance, including disproportionate representation due to inappropriate identification.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

### Monitoring Priority: Disproportionality

**Indicator 10:** Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

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

**Measurement:** Percent = [(# of districts 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)] times 100.

FFY	Measurable and Rigorous Target
2010	0.0%
(2010-2011)	Actual Target Data
	0.0%

### Definition of “Disproportionate Representation” and Methodology

Disproportionate representation (or disproportionality) of racial/ethnic groups in special education disability categories is defined as students in a particular racial/ethnic group (i.e., Asian, Black, Hispanic, Native American, Native Hawaiian/Other Pacific Islander, Two or More Races or White) being at a considerably greater or lesser risk of being identified as eligible for special education and related services in a specific disability category (Speech/Language, Specific Learning Disability, Emotional Disturbance, Mental Retardation, Autism and Other Health Impaired) than all other racial/ethnic groups enrolled either in the LEA or in the state (depending on the type of risk ratio calculation applied, as discussed below). ISBE uses a risk ratio to determine state risk for racial/ethnic disproportionality. To determine LEA risk for racial/ethnic disproportionality, ISBE uses a weighted risk ratio for LEAs in which there are at least 10 students in the racial/ethnic group and at least 10 students in the comparison group (all students in the racial/ethnic group enrolled in the LEA), and an alternate risk ratio for LEAs in which there are at least 10 students in the racial/ethnic group but fewer than 10 students in the comparison group enrolled in the LEA. The State utilized data from annual Fall Enrollment Counts from the Student Information System, or SIS, (for all students, grades 1-12) and December Child Count (for students with IEPs, ages 6-21), which is the same data reported to OSEP on Table 1 (Child Count) of Information Collection 1820-0043 (Report of Children with Disabilities Receiving Special Education under Part B of the IDEA, as amended).

ISBE examined data for all 868 LEAs in the 2010-2011 school year. Of the 868 LEAs, 588 LEAs had at least 10 students ages 6 – 21 for the past three school years (2008-2009, 2009-2010 and 2010-2011) in one of the six disability categories listed above. Accordingly, 280 LEAs did not meet the minimum “n” size for further analysis under Indicator 10.

**Step One:** States must provide the number of districts identified with disproportionate representation of racial and ethnic groups in special education and related services.

Using the criteria established above, the State determined that 67 out of 868, or 0.08% of LEAs met the data threshold for disproportionate representation in one or more disability categories.

**Step Two: Determining if Disproportionate Representation is the Result of Inappropriate Identification**

ISBE uses a two-step process to determine the existence of disproportionality based on race and ethnicity in special education that is the result of inappropriate identification. First, ISBE calculates a weighted or alternate risk ratio for every LEA in the state with regard to special education eligibility in the categories listed above. Such risk ratios are calculated for each racial/ethnic group enrolled in a LEA. ISBE's criterion for determining overrepresentation based on race/ethnicity is a calculated weighted or alternate risk ratio of 3.0 or higher for three consecutive years for a particular racial/ethnic group in which there are at least ten students in the special education disability category in question. ISBE's criterion for determining underrepresentation based on race/ethnicity is a calculated weighted or alternate risk ratio of 0.25 or lower for three consecutive years for a particular racial/ethnic group in which there are at least ten students in the special education disability category in question.

Second, in order to verify whether the disproportionality is the result of inappropriate identification in those LEAs with a risk ratio of 3.0 or higher or 0.25 or lower (consisting of 67 LEAs identified in Step 1), ISBE requires the identified LEAs to conduct self-assessment activities, including data verification and a review of policies, practices and procedures related to curriculum and instruction, child find, evaluations, eligibility determinations and IEPs, through one of the following:

- a. Completing a Special Education Disproportionality Self-Assessment (for newly identified LEAs),
- b. Completing a Status Report (for continuing LEAs with the same area of disproportionality two years in a row) or
- c. Completing a Status Report with Self-Assessment Update (for continuing LEAs with disproportionality two years in a row, but in a different area than the previous year).

The LEAs submit the results of the self-assessment activities to ISBE. Upon receipt, ISBE reviews the LEA documentation (which includes information resulting from the LEA's review of policies, practices and procedures) and, combined with the LEA data, determines whether the disproportionality is in fact the result of inappropriate identification of students. For those LEAs found to have disproportionate representation two years in a row, the LEA and State review processes include a review of any new policies or procedures that went into effect since the prior review.

Of the 67 LEAs that had disproportionate representation of one or more racial and ethnic groups in special education disability categories in FFY10, none (0) were found to have disproportionality due to inappropriate identification. Accordingly, final data indicate that Illinois met the target of 0.0% (0 LEAs / 868 LEAs) in FFY10.

**LEAs with Disproportionate Representation of Racial and Ethnic Groups in Specific Disability categories that was the Result of Inappropriate Identification**

Year	Total Number of LEAs	Number of LEAs with Disproportionate Representation	Number of LEAs with Disproportionate Representation of Racial and Ethnic Groups in specific disability categories that was the Result of Inappropriate Identification	Percent of LEAs
FFY 2010 (2010-2011)	868	67	0	0.0%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

The data indicate that ISBE made progress on this indicator in FFY10 as compared to FFY09. Specifically, ISBE decreased the percentage of LEAs determined to have disproportionality due to inappropriate

identification from 0.1% in FFY09 to 0.0% in FFY10. Accordingly, ISBE met the target of 0.0% of LEAs determined to have disproportionate representation of racial/ethnic groups in one or more specific disability categories due to inappropriate identification in FFY10. All LEAs were found in compliance.

It is believed that the completion of Indicator 10 improvement activities contributed to meeting the target for this indicator. ISBE has continued to make a concerted effort to update and increase the number of technical assistance resources available to LEAs to ensure their policies, procedures and practices result in the appropriate identification of students as eligible for special education. These resources include multiple types of training and technical assistance provided through IASPIRE and the Illinois PBIS Network, which focus on helping LEAs improve core instructional and behavioral programs and implement tiered academic and behavior interventions through an RtI framework. Resources also include the annually-updated self-assessment and other report templates listed above for use with LEAs identified with disproportionate representation, an audiocast and PowerPoint for on-demand viewing and Special Education Disproportionality Frequently Asked Questions.

**Correction of FFY 2009 Findings of Noncompliance Identified in FFY2009: (if State reported more than 0% compliance):** Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 0.1%

1. <del>Number of findings of noncompliance the State made during FFY09</del>	<del>4</del>
2. <del>Number of FFY09 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)</del>	<del>4</del>
3. <del>Number of FFY09 findings <u>not</u> verified as corrected within one year [(1) minus (2)]</del>	<del>0</del>

No LEAs were identified with findings of noncompliance between July 1, 2009 and June 30, 2010.

**Verification of Correction (either timely or subsequent):**

~~Based upon the LEA improvement plan, evaluation reports, file reviews, documentation of revisions to policies, procedures and practices, and continuing compliance monitoring activities, ISBE has verified that the one (1) LEA identified with noncompliance in FFY09 is correctly implementing the specific regulatory requirements cited in the finding of noncompliance for Indicator 10. All findings of noncompliance were at the LEA level. All FFY09 findings of noncompliance related to Indicator 10 are now closed.~~

**Additional Information Required by the OSEP APR Response Table for this Indicator:**

Statement from the Response Table	State's Response
ISBE must verify that the FFY09 LEA identified with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification: 1) is correctly implementing the specific regulatory requirements based on a review of updated data; and 2) has completed the evaluation, although late, for any child whose initial evaluation was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02. The State must describe the specific actions that were taken to verify the	<p>The LEA identified with noncompliance in the FFY09 APR was determined to be correctly implementing 34 CFR 300.111, 300.201 and 300.301 through 300.311. ISBE was able to verify correction of noncompliance, as well as correct implementation of the above requirements, via updated data collected through the LEA's improvement plan, evaluation reports, file reviews, documentation of revisions to policies, procedures and practices, and continuing compliance monitoring activities. The finding of noncompliance is closed.</p> <p><u>No LEAs were identified with findings of noncompliance between July 1, 2009 and June 30, 2010. The LEA originally identified as having noncompliance in FFY09 had a finding made outside of the 7/1/09-6/30/10 timeline and is, therefore,</u></p>

correction.	<u>now to be designated as an FFY10 finding of noncompliance.</u>
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**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that five activities needed to be revised. Two activities were revised to update the name of Illinois' State Personnel Development Grant Project: 1) LEAs utilize ISBE training and technical assistance, and utilize ISBE evaluation tools, reports and systems to ensure reliable and accurate data through PBIS and ~~IASPIRE~~ Illinois RtI Network team trainings, web-based training modules and ISBE staff technical assistance and 2) Provide technical assistance and training to enhance the capacity of general and special educators to implement research based practices that will decrease disproportionality due to inappropriate identification through partnerships with state agencies, higher education entities, ~~IASPIRE~~ Illinois RtI Network, ROEs, parents, community agencies, etc., to develop a sustainable system of support. Three other activities were revised to align them more directly with Indicator 9: 1) Utilize data warehousing capabilities to compile, analyze and report data in order to calculate disproportionality risk ratios, 2) LEAs will utilize statewide technical assistance projects to implement multi-tiered, schoolwide academic and behavior supports to support prevention and/or reduction in disproportionate representation and 3) Assist LEAs with improvement plans that address corrective actions for issues of noncompliance, including disproportionate representation due to inappropriate identification.

## Part B State Annual Performance Report (APR) for FFY 2010

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

**Indicator 11:** Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

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

**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.

FFY	Measurable and Rigorous Target
2010	100.0%
(2010-2011)	<b>Actual Target Data</b>
	99.1%

### Children Evaluated Within 60 Days (or State-established timeline)

a. Number of children for whom parental consent to evaluate was received	40,921
b. Number of children whose evaluations were completed within 60 days (or State-established timelines)	40,536
Percent of children with parental consent to evaluate, who were evaluated within 60 days (or State established-timeline) (Percent = [(b) divided by (a)] times 100)	<b>99.1%</b>

Range of school days beyond 60-day timeline	Number of children included in (a) but not included in (b)
1-10	208
11-20	90
21-30	24
30 and beyond	63
<b>Total</b>	<b>385</b>

Reported reasons for exceeding the 60 school-day timeline included lack of personnel, summer break, hearing/vision/medical issues and parent unavailability.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

The data for Indicator 11 remain statistically unchanged from 99.3% in FFY09 to 99.1% in FFY10. Although ISBE did not meet the target for this indicator, compliance remains at a high level. LEAs continue to electronically report data for this indicator via the Funding & Child Tracking System (FACTS). FACTS requires LEAs to indicate the reason(s) for delay when Indicator 11 timelines are not met. LEAs are not able to continue with the data reporting process in FACTS until this information is completed. During 2010-2011 the improvement activities listed for Indicator 11 in Illinois' State Performance Plan were implemented. ISBE will continue to provide multiple methods of technical assistance regarding child find responsibilities and timelines, and accurate and reliable reporting of data. ISBE continues to encourage LEAs to utilize its State Performance Plan Indicator 11 Resource Guide for assistance. The Guide can be found at the following link: [http://www.isbe.net/spec-ed/pdfs/indicator\\_11\\_res\\_guide.pdf](http://www.isbe.net/spec-ed/pdfs/indicator_11_res_guide.pdf). LEAs with findings of noncompliance for Indicator 11 during FFY10 were required to utilize the Guide as a tool to review and revise their policies, procedures and practices related to the identified noncompliance. ISBE has reviewed its SPP improvement activities related to Indicator 11, and revisions are noted below.

**Correction of FFY 2009 Findings of Noncompliance Identified in FFY2009: (if State reported less than 100% compliance):** Level of compliance (actual/target data) State reported for FFY 2009 for this indicator: 99.3%

	<u>Prior to 11/10 OSEP Verification Visit</u>	<u>After 11/10 OSEP Verification Visit</u>
1. Number of findings of noncompliance the State made during FFY09 <u>(the period from July 1, 2009 through June 30, 2010)</u>	<u>318-990</u>	<u>990</u>
2. Number of FFY09 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<u>257-990</u>	<u>913</u>
3. Number of FFY09 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<u>61-0</u>	<u>77</u>

**~~Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):~~**

<del>4. Number of FFY09 findings not timely corrected (same as the number from (3) above)</del>	<del>61</del>
<del>5. Number of FFY09 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")</del>	<del>46</del>
<del>6. Number of FFY09 findings <u>not</u> verified as corrected [(4) minus (5)]</del>	<del>15</del>

**~~Actions Taken if Noncompliance Not Corrected:~~**

~~Enforcement actions were implemented with 7 LEAs for which ISBE could not verify timely correction. Staff from each LEA were required to participate in a conference call with ISBE staff to examine the specific reasons for exceeding the 60 school-day timeline. ISBE staff provided technical assistance to each LEA specific to its issues related to the noncompliance. LEA staff and ISBE staff collaborated to further revise LEA policies, procedures and/or practices related to the identified noncompliance. LEAs were also given the opportunity to participate in an Indicator 11 technical assistance webinar hosted by ISBE in December 2011. ISBE then reviewed updated data to verify subsequent correction of noncompliance, as discussed below. After a review of updated data, it was determined that 2 of the FFY09 LEAs did not meet the verification of correction requirements for their corresponding 15 student-level findings (subsequent correction). These 2 LEAs continue to have open findings of noncompliance~~

for Indicator 11. Additional enforcement actions have been instituted with these two LEAs. The LEAs were required to access the archived Indicator 11 technical assistance webinar hosted by ISBE that had previously been optional. They were also required to continue working with ISBE staff to ensure implementation of the revisions/improvement plan and subsequent correction.

**Verification of Correction of FFY 2009 noncompliance (either timely or subsequent):**

ISBE verified that 100% of the 348 990 initial evaluations identified in the FFY09 APR as not meeting the 60 school-day timeline were completed, although late, meeting individual correction of noncompliance per OSEP Memo 09-02. ISBE also verified that all LEAs were correctly implementing 34 CFR 300.301(c)(1). One hundred six LEAs timely corrected their noncompliance per OSEP Memo 09-02. Of the remaining 7 LEAs, 5 LEAs subsequently corrected their noncompliance prior to APR submission. Therefore, ISBE verified correction and closed findings for 111 of the 113 LEAs with findings of noncompliance for Indicator 11. All 201 LEAs identified with noncompliance met the standard of correction established by ISBE and timely corrected each individual case of noncompliance. All ISBE-required corrections for findings of noncompliance related to Indicator 11 were completed prior to the OSEP verification visit conducted with ISBE during November 2010.

ISBE received clarification on verification of correction requirements from the OSEP Memo 09-02 during its November 2010 OSEP verification visit. The agency is required to examine updated data from the statewide database as a means of verifying compliance. ISBE revised its process of verifying correction to include this component immediately after the OSEP visit. After the OSEP verification visit, ISBE chose to apply the new process to LEAs identified with findings between July 1, 2009 and June 30, 2010 as an internal check and balance procedure. As shown in the chart on the previous page, it was determined that 197 of the LEAs met the verification of correction requirements for their corresponding 913 student-level findings and corrected their noncompliance based on a review of updated data. It was determined that 4 of the LEAs did not meet the verification of correction requirements for their corresponding 77 student-level findings. The 4 LEAs that did not meet the verification of correction requirements as of November 2010, based on a review of updated data, were among the 113 LEAs that had already received findings of noncompliance related to Indicator 11 in October 2010.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:**

ISBE verified correction of each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, through a review of updated data via the statewide database. ISBE verified that LEAs were correctly implementing 34 CFR 300.301(c)(1), through several specific actions. ISBE required LEAs to access the state SPP Indicator 11 Resource Guide as a tool to review and revise their policies, procedures and/or practices related to the identified noncompliance. LEAs were then required to submit a report to ISBE for approval that detailed their review process and any revisions made to policies, procedures and/or practices to ensure that noncompliance was corrected to 100%, and to document that they were correctly implementing 34 CFR 300.301(c)(1). ISBE then examined updated data from the statewide database as a means of verifying correction.

**Additional Information Required by the OSEP APR Response Table for this Indicator:**

Statement from the Response Table	State's Response
<p>ISBE must verify that each LEA with noncompliance reflected in the FFY09 data the State reported for this indicator and each LEA with remaining noncompliance identified in FFY09 based on FFY08 data: 1) is correctly implementing 34 CFR 300.301(c)(1) based on a review of updated data; and</p>	<p><del>All LEAs identified with noncompliance in the FFY09 APR and all LEAs with remaining noncompliance identified in FFY09 based on FFY08 data have completed the evaluation, although late, for any child whose initial evaluation was not timely, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02. One hundred eleven (111) of the 113 FFY09 LEAs were determined to be correctly implementing 34 CFR</del></p>

<p>2) has completed the evaluation, although late, for any child whose initial evaluation was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02. The State must describe the specific actions that were taken to verify the correction.</p>	<p><del>300.301(c)(1). ISBE was not able to verify correction for 2 LEAs. Both of these LEAs had remaining noncompliance identified in FFY09 based on FFY08 data. The 2 LEAs that did not meet the verification of correction requirements continue to have open findings of noncompliance for Indicator 11. Ongoing enforcement actions are being implemented with both LEAs to ensure subsequent correction and correct implementation of 34 CFR 300.301(c)(1).</del></p> <p><u>Two-hundred one LEAs were identified with 990 findings of noncompliance between July 1, 2009 and June 30, 2010. All LEAs are correctly implementing 34 CFR 300.301(c)(1) based on a review of updated data; and have completed the evaluation, although late, for any child whose initial evaluation was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02. The LEAs originally identified as having noncompliance in FFY09 had a finding made outside of the 7/1/09-6/30/10 timeline and are, therefore, now to be designated as FFY10 findings of noncompliance.</u></p>
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**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that two activities needed to be combined due to their similarity: 1) Provide technical assistance and training to LEAs that do not meet timelines to address lack of personnel resources; procedures and practices; hearing, vision and other medical issues; and parent's unavailability or inability to attend meetings and 2) Assist LEAs with improvement plans that address corrective actions for issues of noncompliance. The new improvement activity reads as follows: Provide technical assistance and training to LEAs with findings of noncompliance to address lack of personnel resources; procedures and practices; hearing, vision and other medical issues; and parent's unavailability or inability to attend meetings via local improvement plans.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

### Monitoring Priority: Effective General Supervision Part B / Effective Transition

**Indicator 12:** Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

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

#### Measurement:

- a. # of children who have been served in Part C and referred to Part B for eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR 300.301(d) applied.
- e. # of children who were referred to Part C less than 90 days before their third birthdays.

Account for children included in a but not included in b, c, d or e. 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) times 100.

FFY	Measurable and Rigorous Target
2010  (2010-2011)	100.0%
	<b>Actual Target Data</b>
	98.1%

Data collection for Indicator 12 is integrated into the statewide ISBE Student Information System (SIS). Indicator 12 specific data elements include: whether the child was served in Early Intervention (EI); whether there was a referral from Child and Family Connections (CFCs); EI number; eligibility determination date; reason for delay in transition; IEP completion date; and date services began.

#### Actual State Data (Numbers)

a. # of children who have been served in Part C and referred to Part B (LEA notified pursuant to IDEA section 637(a)(9)(A) for Part B eligibility determination)	10,757
b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday	1,200
c. # of those found eligible who have an IEP developed and implemented by their third birthdays	7,426

d. # for whom parent refusals to provide consent caused delays in evaluation or initial services	1,979
e. # of children who were referred to Part C less than 90 days before their third birthdays.	7
# in a but not in b, c, d, or e.	145
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays  Percent = $[(c) / (a-b-d-e)] * 100$	98.1%

Range of days beyond required timeline	Number of children
1-30	35
31-60	28
61-90	7
90 and beyond	75
<b>Total</b>	<b>145</b>

Reported reasons for exceeding the timeline included staffing issues, medical issues and parent requests to reschedule meetings.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

Data for Indicator 12 remain statistically unchanged from FFY09 to FFY10. FFY10 data indicate that 98.1% of children referred by Part C prior to age 3, were found eligible for Part B, and had an IEP developed and implemented by their third birthdays. FFY09 data were at 98.4%. Although ISBE did not meet its target for this indicator, compliance remains at a high level. It is believed that the implementation of the improvement activities discussed below contributed to the sustainability on this indicator. ISBE will continue to provide multiple methods of technical assistance to LEA special education cooperative personnel, CFC personnel and parents regarding the Part C to Part B transition process and accurate and reliable reporting of data. Such methods include online trainings, DVDs, Q&A documents, guidance documents, training modules, phone communications and face-to-face communications. ISBE will also continue to collaborate with the Illinois Department of Human Services (DHS) through a data sharing agreement to ensure the timeliness, accuracy and reliability of early childhood transition data.

**Correction of FFY 2009 Findings of Noncompliance Identified in FFY 2009 (if State reported less than 100% compliance in its FFY 2009 APR):** Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 98.4%

1. Number of findings of noncompliance the State made during FFY09 ( <u>the period from July 1, 2009 through June 30, 2010</u> )	<del>12</del> <b>67</b>
2. Number of FFY09 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<del>44</del> <b>27</b>
3. Number of FFY09 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<del>4</del> <b>40</b>

**Correction of ~~FFY 2009~~ Findings of Noncompliance Identified in FFY 2009 Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY09 findings not timely corrected (same as the number from (3) above)	<del>1</del> <b>40</b>
5. Number of FFY09 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>0</b>
6. Number of FFY09 findings <u>not</u> verified as corrected [(4) minus (5)]	<del>1</del> <b>40</b>

**Actions Taken if Noncompliance Not Corrected:**

In terms of enforcement actions, ISBE required LEA staff to attend a training regarding transitioning children from early intervention to early childhood. ISBE strongly encouraged the LEA to include staff from the CFC as part of the team participating in the training. ISBE will closely monitor this LEA's progress with regard to Indicator 12 until the LEA achieves 100% compliance.

ISBE implemented the following enforcement actions with the one, large urban LEA that has not yet corrected its 40 student-level findings of noncompliance. With ongoing targeted technical assistance and collaboration from ISBE, the LEA developed a strategic plan to systematically address issues related to early childhood transition procedures and practices. ISBE staff participated in a conference call with the LEA, Part C representatives from the Department of Human Services and local Part C providers to enhance the communication and information sharing between entities and to ensure that referrals are received by the LEA in a timely manner. The LEA also provided ISBE with an update regarding its progress on the strategies implemented in order to address identified noncompliance related to Indicator 12. ISBE will continue to closely monitor this LEA's progress with regard to Indicator 12 until the LEA achieves 100% compliance.

**Verification of Correction (either timely or subsequent):**

Based on a review of updated data via the statewide data system, ISBE verified that 11 of the 12 LEAs with noncompliance reflected in the FFY09 data the State reported for this indicator are correctly implementing 34 CFR §300.124(b), (i.e., achieved 100% compliance). ISBE also verified that all 12 LEAs have developed and implemented the IEP, although late, for any child for whom implementation of the IEP was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. Eleven of the 12 LEAs timely corrected their findings of noncompliance. One LEA's finding remains open as ISBE cannot yet verify that the LEA is correctly implementing 34 CFR §300.124(b).

Based on a review of updated data via the statewide data system, ISBE verified that 22 of the 23 LEAs with noncompliance are correctly implementing 34 CFR §300.124(b), (i.e., achieved 100% compliance). Sixty-seven (67) student-level findings were issued among these 23 LEAs. The majority of the student-level findings were issued to one large, urban LEA (40 findings – see chart above). ISBE also verified that all 23 LEAs have developed and implemented the IEP, although late, for any child for whom implementation of the IEP was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. Twenty-two of the 23 LEAs timely corrected their findings of noncompliance. The 40 student-level findings of noncompliance for the remaining large, urban LEA will remain open as ISBE cannot yet verify that the LEA is correctly implementing 34 CFR §300.124(b).

**Describe of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:**

ISBE required LEAs to review and revise policies, procedures and/or practices to ensure that noncompliance was corrected to 100%. LEAs utilized the SPP Indicator 12 resources on the ISBE website as tools to review, and revise as appropriate, its policies, procedures and/or practices related to the identified noncompliance. Each LEA submitted a report to ISBE detailing the review process and any revisions made to policies, procedures and/or practices as a result of the review to verify that they are

correctly implementing the specific regulatory requirements. ISBE examined updated data from the statewide database to verify which LEAs were correctly implementing the specific regulatory requirements related to Indicator 12.

**Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable)**

1. Number of remaining FFY08 findings noted in OSEP's June 2010 FFY09 APR response table for this indicator	40
2. Number of remaining FFY08 findings the State has verified as corrected	0
3. Number of remaining FFY08 findings the State has NOT verified as corrected [(1) minus (2)]	40

**Verification of Correction of Remaining FFY 2008 findings:**

~~Based on a review of updated data via the statewide data system, ISBE cannot yet verify that the LEA with noncompliance reflected in the FFY08 data the State reported for this indicator is correctly implementing 34 CFR §300.124(b), (i.e., achieved 100% compliance). ISBE has verified that the LEA has developed and implemented the IEP for all 40 students, although late, for any child for whom implementation of the IEP was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. The 40 student-level findings of noncompliance for the remaining LEA remain open as ISBE cannot yet verify subsequent correction. ISBE implemented enforcement actions with the one, large urban LEA that has not yet corrected its 40 student-level findings of noncompliance based on FFY08 data.~~

~~In terms of enforcement actions, ISBE is requiring staff from the LEA to attend a training regarding transitioning children from early intervention to early childhood. ISBE strongly encouraged the LEA to include staff from the CFC as part of the team participating in the training. With ongoing targeted technical assistance and collaboration from ISBE, the LEA continues to implement its strategic plan to systematically address issues related to early childhood transition procedures and practices. Monthly calls between the LEA staff and ISBE staff have been instituted to address continuing noncompliance issues. This ensures ongoing communication between the LEA and ISBE regarding its progress on the strategies implemented in order to address identified noncompliance related to Indicator 12. ISBE will continue to closely monitor this LEA's progress with regard to Indicator 12 until the LEA achieves 100% compliance.~~

**~~Describe of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:~~**

~~ISBE required LEAs to review and revise policies, procedures and/or practices to ensure that noncompliance was corrected to 100%. Each LEA utilized the SPP Indicator 12 resources on the ISBE website as tools to review, and revise as appropriate, its policies, procedures and/or practices related to the identified noncompliance. Each LEA submitted a report to ISBE detailing the review process and any revisions made to policies, procedures and/or practices as a result of the review to verify that they are correctly implementing the specific regulatory requirements. ISBE examined updated data from the statewide database to verify which LEAs were correctly implementing the specific regulatory requirements related to Indicator 12.~~

**Additional Information Required by the OSEP APR Response Table:**

Statement from the Response Table	State's Response
The State must demonstrate that the remaining 40 uncorrected noncompliance findings identified in FFY09 based on FFY08 data and the remaining uncorrected	<a href="#">As explained in the FFY07 and FFY08 APR, ISBE revised its process for issuing findings of noncompliance (see the FFY07 and FFY08 APRs for further detail). As a result, the State notified LEAs of their findings of noncompliance</a>

<p>noncompliance finding identified in FFY09 based on FFY07, FFY06 and FFY05 data were corrected. The State must verify that the LEA is 1) correctly implementing the specific regulatory requirements and 2) has developed and implemented the IEP, although late, unless the child is no longer within the jurisdiction of the district.</p>	<p><u>identified in FFY09 during March 2010. The remaining uncorrected noncompliance findings identified in FFY09 based on FFY08 data and the remaining uncorrected noncompliance finding identified in FFY09 based on FFY07, FFY06 and FFY05 data all stem from the same large, urban LEA.</u> The LEA has developed and implemented the IEP, although late, unless the child was no longer within the jurisdiction of the LEA for all 40 students <u>(for findings identified in FFY09 based on FFY08, FFY07, FFY06 and FFY05 data).</u> ISBE examined updated data from the statewide database and was unable to verify that the remaining LEA is correctly implementing the specific regulatory requirements related to Indicator 12. This large, urban LEA's finding will remain open until ISBE can verify that the LEA is correctly implementing 34 CFR §300.124(b). ISBE implemented enforcement actions with the LEA that included intensive, ongoing targeted technical assistance and monitoring of their strategic plan implementation as described above. ISBE will continue to closely monitor this LEA's progress until the LEA achieves 100% compliance.</p>
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**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that two activities needed updated language to reflect their current status: 1) ~~Develop~~ Implement a process to transfer children's names and demographic information to LEAs and ~~Develop~~ Implement procedures for following up with LEAs on the status of children whose names were submitted and 2) ~~Develop and implement~~ a training module on best practice in transition from EI to ECSE ~~using the new transition tracking form~~. CFC and LEA attendance ~~will be required~~ may be applied toward CFC and CPDU hours.

**Part B State Annual Performance Report (APR) for FFY 2010**

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

**Indicator 13:** Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

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

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

FFY	Measurable and Rigorous Target
2010	100.0%
(2010-2011)	<b>Actual Target Data</b>
	86.4%

**LEAs with Youth Aged 16 and above with an IEP that Meets the Requirements**

Year	Total number of youth aged 16 and above with an IEP	Total number of youth aged 16 and above with an IEP that meets the requirements	Percent of youth aged 16 and above with an IEP that meets the requirements
FFY 2010 (2010-2011)	58,327	50,387	86.4%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

The FACTS data collection system contained within iePoint is used to collect data for this indicator. Indicator 13 data show progress from the FFY09 baseline of 79.2% (47,494 / 59,961) to 86.4% (50,387 / 58,327) in FFY10. Statewide Indicator 13 data show that 463 LEAs met the

100.0% target and an additional 22 LEAs reported less than 100.0% but greater than 95.0%. Therefore, 485 / 489 LEAs are at or above 95.0% for Indicator 13, showing progress from baseline data of 467 / 490 LEAs at or above 95.0%. Although significant progress has been made, the State did not meet the target of 100.0% for this indicator. Since secondary transition was identified as a priority area for the State, ISBE has invested significant staff time and resources into improving results for Indicator 13. During 2010-2011 the improvement activities listed for Indicator 13 in Illinois' SPP were implemented. ISBE will continue to offer multiple resources regarding training and technical assistance on effective transition practices, as well as on compliance related to Indicator 13 for impact and capacity building at the local level. In addition, ISBE receives support from the National Drop-Out Prevention Center and the National Secondary Transition Technical Assistance Center regarding this indicator.

Of the 13.6% (7,940 / 58,327) of youth with IEPs 16 years and older who did not receive appropriate secondary transition services, 99.0% (7,853 / 7,940), were from one large, urban LEA. The remaining 1.0% (87 / 7,940) of youth with IEP's 16 years and older who did not receive appropriate secondary transition services were from 25 additional LEAs. This LEA continues to undergo a significant re-organization in the area of secondary transition. With ongoing, targeted technical assistance from ISBE, the LEA is implementing a strategic plan to systematically address the identified focus areas related to secondary transition, including school-level knowledge regarding transition, professional development, data management, inter-departmental relationships, external partnerships and student/parent support programs. LEA and ISBE staff utilized school-level data to prioritize training and professional development activities within the LEA. ISBE staff will continue to work closely with this LEA to ensure that identified findings of noncompliance are corrected in relation to Indicator 13, and that systemic changes are implemented to ensure that transition school-level knowledge, data management, etc. are embedded in the LEA's policies, procedures and practices. ISBE will verify correction with this LEA, as well as the other 25 LEAs with identified noncompliance, to ensure that each LEA is correctly implementing the regulatory requirement(s) related to Indicator 13. ISBE will continue to focus on secondary transition statewide to achieve the measurable and rigorous target.

**Correction of FFY 2009 Findings of Noncompliance Identified in FFY 2009: (if State reported less than 100% compliance):**

1. Number of findings of noncompliance the State made during FFY09 ( <u>the period from July 1, 2009 through June 30, 2010</u> )	<b>274 329</b>
2. Number of FFY09 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>222 297</b>
3. Number of FFY09 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>-49 32</b>

**Correction of FFY 2009 Findings of Noncompliance Identified in FFY 2009 Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY09 findings not timely corrected (same as the number from (3) above)	<b>49 32</b>
5. Number of FFY09 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>47 31</b>
6. Number of FFY09 findings <u>not</u> verified as corrected [(4) minus (5)]	<b>2 1</b>

**Actions Taken if Noncompliance Not Corrected:**

It was determined that ~~2~~ of the FFY09 one LEAs did not meet the verification of correction requirements for their its corresponding ~~2~~ district-level findings. The LEAs that did not meet the verification of correction requirements based on a review of updated data continues to have an open findings of noncompliance for Indicator 13. Enforcement actions were implemented with the LEAs. Staff from ~~each~~ the LEA were required to participate in secondary transition training(s) with ISBE staff to examine the specific reasons for not meeting Indicator 13 requirements. ISBE staff provided ongoing, targeted technical assistance and training to ~~each~~ the LEA specific to its issues related to the noncompliance and for the implementation of its strategic plan to systematically address the identified focus areas related to secondary transition. ~~ISBE then reviewed updated data to verify subsequent correction of noncompliance, as discussed below.~~

**Verification of Correction (either timely or subsequent):**

~~ISBE verified that 100% of the FFY09 LEAs had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. ISBE verified that 66 of the 68 FFY09 LEAs were correctly implementing 34 CFR 300.320(b) and 300.321(b). Sixty-four LEAs timely corrected their noncompliance per OSEP Memo 09-02. Of the remaining 4 FFY09 LEAs, 2 subsequently corrected their noncompliance.~~

ISBE was unable to verify correction for the remaining LEA based on updated data. ISBE will continue to provide targeted technical assistance to the LEA until it can verify that the LEA is correctly implementing 34 CFR 300.320(b) and 300.321(b).

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:**

ISBE verified~~s~~ correction of each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, through a review of updated data, such as IEPs and other pertinent secondary transition documentation. ISBE also verified~~s~~ that LEAs ~~were~~ are correctly implementing 34 CFR 300.320(b) and 300.321(b) through a review of updated data, such as IEPs and other pertinent secondary transition documentation.

**Additional Information Required by the OSEP APR Response Table for this Indicator:**

Statement from the Response Table	State's Response
<p>ISBE must verify that each LEA with noncompliance reflected in the FFY09 data the State reported for this indicator and the LEA with remaining noncompliance identified in FFY09 based on FFY07 and FFY06 data: 1) is correctly implementing 34 CFR 300.320(b) and 300.321(b) based on a review of updated data; and 2) has corrected each individual case of noncompliance, unless the child is no longer within the</p>	<p>Each LEA identified with noncompliance in the FFY09 APR and the LEA with remaining noncompliance identified in FFY09 based on FFY07 and FFY06 data have corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02. <del>Sixty-six of the 68</del> <u>All but 1 of the</u> FFY09 LEAs were determined to be correctly implementing 34 CFR 300.320(b) and 300.321(b). ISBE was not able to verify correction for <del>4</del> FFY09 LEA and the 1 LEA with remaining noncompliance identified in FFY09 based on FFY07 and FFY06 data. The <del>2</del> LEAs that did not meet the verification of correction requirements continues to have <u>an</u> open findings of noncompliance related to Indicator 13. Enforcement actions are being implemented with <del>both</del> <u>the</u> LEAs to ensure subsequent correction and correct implementation of 34 CFR 300.320(b) and 300.321(b). Staff from <del>each</del> <u>the</u> LEA were required to participate in secondary transition training(s)</p>

<p>jurisdiction of the LEA, consistent with OSEP Memorandum 09-02. The State must describe the specific actions that were taken to verify the correction.</p>	<p>with ISBE staff to examine the specific reasons for not meeting Indicator 13 requirements. ISBE staff provided technical assistance and training to <del>each</del> <b>the</b> LEA specific to its issues related to the noncompliance. The 1 LEA with remaining noncompliance identified in FFY09 based on FFY07 and FFY06 data is a large, urban LEA that continues to undergo a significant re-organization in the area of secondary transition. With ongoing, targeted technical assistance from ISBE, this LEA is implementing a strategic plan to systematically address the identified focus areas related to secondary transition, including school-level knowledge regarding transition, professional development, data management, inter-departmental relationships, external partnerships and student/parent support programs. ISBE staff continue to work closely with this LEA to ensure that systemic changes are implemented. ISBE will verify correction with this LEA, <del>as well as the other LEA with identified noncompliance,</del> to ensure that <del>each</del> <b>the</b> LEA is correctly implementing 34 CFR 300.320(b) and 300.321(b).</p>
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**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that two activities needed to be updated to reflect current practice by removing three bulleted sub-activities: 1) Utilize data warehousing capabilities to compile, analyze and report data (remove both bulleted sub-activities) and 2) Review a sample of LEA data to verify data reliability for LEAs that ~~meet one of the following criteria~~ report 100% for meeting secondary transition plan requirements (remove the bulleted sub-activity that addresses reporting 50% and below for meeting secondary transition requirements).

## Part B State Annual Performance Report (APR) for FFY 2010

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

**Indicator 14:** 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))

#### Measurement:

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

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

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

#### Definitions:

*Higher Education*, as used in measures A, B and C, means youth have been enrolled on a full- or part-time basis in a community college (2 year program) or college/university (4 or more year program) for at least one complete term, at any time in the year since leaving high school.

*Competitive Employment*, as used in measures B and C, means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

*Other post-secondary education or training*, as used in measure C, means youth enrolled on a full- or part-time basis for at least one complete term at any time in the year since leaving high school in an education or training program.

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

*Respondents* are youth or their designated family member who answer the survey or interview questions based on the NPSO guidance document definition.

*Leavers* are identified via the Funding and Child Tracking System (FACTS) system. All students included in FACTS with exit codes of A (graduated from high school with a diploma), B (graduated from high school through a certificate of completion/ fulfillment of IEP requirements), C (reached the maximum age for special education service) or D (dropped out at age 17 or older) are considered to be school leavers.

FFY	Measurable and Rigorous Target
<p align="center"><b>2010</b></p> <p align="center"><b>(2010-2011)</b></p>	<p>A. 35.0% enrolled in higher education within one year of leaving high school.</p> <p>B. 56.5% enrolled in higher education or competitively employed within one year of leaving high school.</p> <p>C. 69.5% 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.</p>
	<p align="center"><b>Actual Target Data</b></p>
	<p>A. 41.2% enrolled in higher education within one year of leaving high school.</p> <p>B. 64.4% enrolled in higher education or competitively employed within one year of leaving high school.</p> <p>C. 76.1% 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.</p>

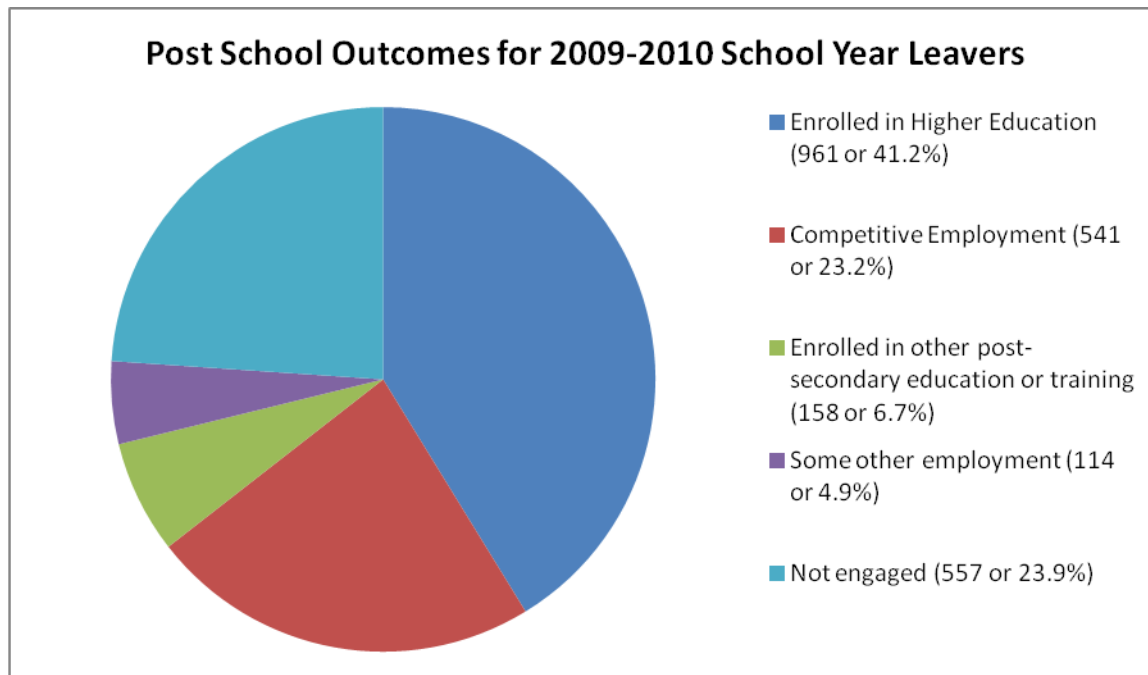
**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

ISBE met the measurable and rigorous targets for Indicator 14. Of the 5,043 entries in the ISBE Indicator 14 web application, 2,331 of the responses (46.2%) aligned with the NPSO guidance document definition of “respondents.” Of those 2,331 survey respondents, data document that the percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were enrolled in higher education within one year of leaving high school was 41.2% (961 / 2,331), while 64.4% were enrolled in higher education or competitively employed within one year of leaving high school (961 [higher education] + 541 [competitively employed] / 2,331) and 76.1% (961 [higher education] + 541 [competitively employed] + 158 [some other post-secondary education or training] + 114 [some other employment] / 2,331) were 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. These data show progress from baseline data in FFY09.

**School Leaver Data Comparison:**

Indicator 14 Sub-Indicator	FFY09 Baseline Data	FFY10 Data
14A.	29.5%	41.2%
14B.	56.5%	64.4%
14C.	69.2%	76.1%

It is believed that the implementation of improvement activities contributed to the progress on this indicator. ISBE will continue to provide multiple methods of technical assistance to LEAs on effective secondary transition practices; multi-tiered, schoolwide academic and behavior supports; and research based practices that improve post-school outcomes for students.



**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that one activity needed to be expanded via the addition of a bullet point to address using post-school outcomes data for improvement: 1) Utilize data warehousing capabilities to compile, analyze and report data (Use post-school outcomes data to guide SEA and LEA decisions regarding program improvement and technical assistance). One activity needed to be updated to reflect current practice by removing three bulleted sub-activities: 2) LEAs utilize ISBE training and technical assistance on effective transition practices, and utilize ISBE evaluation tools, reports and systems to ensure reliable and accurate data through web-based training modules and other resources (remove three TPSA bulleted sub-activities).

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

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

**Indicator 15:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

**Measurement:** Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

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

FFY	Measurable and Rigorous Target
2010	100.0%
(2010-2011)	<b>Actual Target Data</b>
	94.9%

### **Describe the process for selecting LEAs for Monitoring:**

The State issued findings of noncompliance in 2009-2010 (July 1, 2009 – June 30, 2010) through the following elements of its general supervision system: focused monitoring, state complaints, due process hearings, Indicator 11, Indicator 12, Indicator 13 and Indicator 20. The State also monitored Local Educational Agencies (LEAs) for findings of noncompliance for Indicator 9. However, no LEAs were identified with noncompliance for Indicator 4, Indicator 9 and Indicator 10. Findings based on data reported to the State for the 2009-2010 school year were not made until July-August 2010 for Indicator 4, which was just after the identified reporting period for Indicator 15 in this APR. No LEAs were identified with noncompliance for Indicator 9 or Indicator 10 based on data reported to the State for FFY09. The process used to select LEAs for monitoring in each element of the State's general supervision system for which findings were made during FFY09 is described below.

#### Focused Monitoring System

As part of its general supervision responsibility, ISBE utilized a Special Education Focused Monitoring System designed to improve educational results and outcomes for students receiving special education services. Focused monitoring uses a data-driven approach that focuses on a small number of carefully chosen priorities that has the greatest impact on improving results for students with disabilities. LEAs were ranked for size and type, and after a review of data submitted to ISBE through the Funding and Child Tracking System (FACTS), a computerized tracking system for eligible children under IDEA Part B, those LEAs with the widest variance on the chosen critical performance indicator were selected to receive a monitoring review. The focus of the monitoring review is to examine the LEA's compliance with federal and state requirements specifically related to the critical performance indicator, which was chosen in

consultation with ISBE's stakeholder group, the Illinois State Advisory Council on the Education of Children with Disabilities (ISAC).

The critical performance indicator for the Focused Monitoring system in 2009-2010 was educational environment, emphasizing the access of students with disabilities to the general education curriculum to the maximum extent appropriate, in accordance with Indicator 5 of the SPP.

To identify findings of noncompliance through the Focused Monitoring system, onsite reviews were conducted by an ISBE team consisting of a team leader, at least one additional ISBE staff member, one peer member and one parent member. The reviews consisted of a review of student records and interviews with selected general and special education administrators, general education teachers, special education teachers, related service providers and other LEA personnel. In addition, a public forum was held during each onsite review to gather input from parents of students with disabilities and other community stakeholders.

#### Indicator 16 Complaints

State complaint investigations were conducted in response to a signed, written complaint filed with ISBE, alleging an LEA violated a federal or state special education rule or regulation, in accordance with *34 CFR 300.153*. The state complaint investigation typically consisted of a review of relevant documentation, interviews with individuals knowledgeable about the issues of the complaint and an onsite review, if necessary. The State issued a written letter of findings to the LEA at the conclusion of the investigation, notifying them whether a violation(s) of federal or state rules had been identified.

#### Indicator 17 Due Process Hearings

Due process hearings were conducted based upon either a written request from the parent/guardian to the LEA and forwarded to ISBE, or upon a written request from the LEA and submitted directly to ISBE, in accordance with *34 CFR 300.507*. If the request resulted in a hearing, the assigned hearing officer issued a written ruling describing any violation(s) that the LEA committed, with accompanying orders to correct the violation(s).

#### Indicator 11 Evaluation

LEAs were monitored for Indicator 11 via electronic data submission through FACTS. FACTS required LEAs to indicate the reasons for delay when the timeline for completing initial evaluations and eligibility determinations was not met.

#### Indicator 12 Transition from Part C to Part B

Data collection for this indicator was integrated into SIS. Indicator 12 specific data elements included: whether the child was served in Early Intervention (EI); whether there was a referral from Child and Family Connections; EI number; date of eligibility determination; reason for any delay in transition; IEP completion date; and the initiation date of special education services.

#### Indicator 13 Secondary Transition

LEAs were monitored for this indicator via electronic submission of data via FACTS, which required LEAs to confirm that each student aged 16 and above had a secondary transition plan in accordance with the requirements of *34 CFR 300.320* and *34 CFR 300.321*. In addition, ISBE conducted a data verification/desk audit process for a sample of LEAs who reported 100% compliance with this indicator.

#### Indicator 20 State-Reported Data

ISBE employed a variety of mechanisms to ensure the accuracy of state data submitted to the Office of Special Education Programs (OSEP). The Division of Special Education and Support Services maintains ongoing communication with other divisions within the agency to assist and enforce timely reporting. Data are compared with the previous year's data for reasonableness of fluctuation and other information. Numerous edit checks are built into state data systems to ensure the accuracy of data, which are publicly reported for each LEA. ISBE also conducted data verifications and desk audits with LEAs to ensure the accuracy, validity and reliability of data reported to OSEP.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

The data show progress in the State's timely correction of noncompliance from 93.7% in FFY09 to 94.9% in FFY10, a 1.2% increase. It is believed that the implementation and completion of the improvement activities discussed below contributed to the progress on this indicator. ISBE will continue with data collection, data analysis, timeline oversight and training across all SEDS modules (due process, complaints, mediation, and Focused Monitoring) as well as for elements of the general supervision system not tracked by SEDS. ISBE will also continue to impose sanctions against LEAs who fail to comply with required corrective actions.

While ISBE notes that the increase in timely correction of noncompliance falls short of the measurable and rigorous target of 100.0%, substantial progress was made on this indicator from FFY09 to FFY10. Notably, the percentage of timely corrected noncompliance for findings identified through the Focused Monitoring system continues to increase. After review and evaluation of the improvement activities related to Indicator 15, it was determined that progress had been made, activities were being implemented as planned and activities were reaching the target audience(s). Therefore, with the exception of the removal of one completed activity, only minor revisions were made to the improvement activities as discussed in the "Revisions" section below.

**Timely Correction of FFY 2009 Findings of Noncompliance (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State identified in FFY09 (Sum of Column a on the Indicator B15 Worksheet)	<b>1700</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding) (Sum of Column b on the Indicator B15 Worksheet)	<b>1613</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>87</b>

**FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance and/or Not Corrected):**

4. Number of FFY09 findings not timely corrected (same as the number from (3) above)	<b>87</b>
5. Number of FFY09 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	<b>45</b>
6. Number of FFY09 findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>42</b>

**Actions Taken if Noncompliance Not Corrected:**

The 42 findings made in FFY09 that remain open are all from one large, urban LEA in the State. One finding remains open from an individual State complaint that resulted in the identification of a systemic issue with the LEA's special transportation policies. In response to the finding of noncompliance, the LEA made revisions to its transportation policies, although the policies are not yet in accordance with the Individuals with Disabilities Education Act (IDEA). The LEA has had an ongoing policy of allowing its transportation department, rather than the IEP team, to make some decisions about the provision of special transportation services. Due to internal organizational issues at the LEA level, the necessary changes to those policies have not been made. ISBE has engaged in ongoing written and verbal communication with the LEA regarding the need for further revisions to special transportation policies, which has included taking progressive enforcement actions per the agency's sanctions procedures.

Forty (40) student-level findings remain open with the aforementioned LEA as a result of data collection for Indicator 12. Each child had an IEP developed and implemented, although late, unless the child was no longer within the jurisdiction of the LEA. However, ISBE has been unable to verify that the LEA is correctly implementing the specific regulatory requirements related to Indicator 12. The LEA has undergone a significant re-organization in the area of Early Childhood, which has hindered efforts to implement the LEA's strategic plan and achieve 100% compliance for this indicator. For children identified in subsequent reviews of updated data as not having a completed eligibility determination and an IEP, as appropriate, ISBE has required the LEA to take those actions. ISBE has also implemented enforcement actions with the LEA that have included intensive, ongoing targeted technical assistance, as well as monitoring the implementation of the LEA's strategic plan to systematically address issues related to early childhood transition procedures and practices on a regular basis. ISBE management also meet regularly with the LEA's Chief Officer for Special Education and Supports to discuss special education issues, including progress toward achieving 100.0% compliance for Indicator 12.

One district-level finding remains open from the same LEA as a result of data collection for Indicator 13. ISBE has requested and received multiple samples of IEPs to determine if the LEA is meeting the specific regulatory requirements of Indicator 13. However, the State has been unable to verify that the LEA is correctly implementing those specific regulatory requirements. The LEA has also undergone a significant re-organization in the area of secondary transition, which has hindered efforts to implement the LEA's strategic plan and achieve 100% compliance for this indicator. Enforcement actions taken include targeted technical assistance through the LEA's participation in the Secondary Transition Institute and on-site training from ISBE staff. ISBE staff meet regularly with the LEA's secondary transition contact to discuss progress on implementation of the LEA's strategic plan to systematically address the identified focus areas related to secondary transition. ISBE management also meet regularly with the LEA's Chief Officer for Special Education and Supports to discuss special education issues, including progress toward achieving 100.0% compliance for Indicator 13.

**Verification of Correction for findings of noncompliance identified in FFY 2009 APR (either timely or subsequent):**

All instances of noncompliance identified in FFY09 have been corrected, with the exception of 42 findings as explained above. Each individual case of noncompliance identified in FFY09 was corrected, unless the child was no longer within the jurisdiction of the LEA. ISBE received clarification during its November 2010 data verification visit from OSEP that the State was required to examine updated data from the statewide database as a means of verifying compliance for findings other than student-level findings identified through the State complaint or due process systems. ISBE revised its process of verifying correction to include this component immediately after the OSEP visit, as is further described in the OSEP APR Response Table below.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:**

Focused Monitoring System

Findings of noncompliance issued through the Focused Monitoring system, which primarily addressed Indicator 5, were identified as corrected when the LEA demonstrated that they completed activities relevant to the finding, such as the revision of policies, procedures and practices; and completion of staff training and professional development. Additionally, updated data, such as student records, were reviewed to verify that issues of noncompliance related to the finding were corrected. Once verification was produced that the LEA was correctly implementing the regulatory requirement(s), ISBE provided the LEA with a letter of closing.

Indicator 16 Complaints

Findings of noncompliance issued through the State complaint system resulted in required corrective action(s) from the LEA. LEAs were required to demonstrate that each finding of noncompliance was corrected, such as through a revision of policies, procedures, and practices; completion of staff training and professional development activities; and/or compensatory education services. The assigned

complaint investigator reviewed the activities completed by the LEA to ensure correct implementation of regulatory requirements. In the event the LEA did not demonstrate correct implementation of regulatory requirements, the complaint investigator communicated with the LEA and outlined specific documentation that the LEA was required to produce to demonstrate correction of noncompliance. Once verification of compliance was produced, ISBE provided the parties with a letter of closing.

#### Indicator 17 Due Process Hearings

Hearing officers specified a date (or dates in some cases where multiple corrections were required) by which LEAs were expected to verify compliance with a hearing decision. The date set by the hearing officer was entered into the SEDS system. After the deadline for producing proof of compliance was reached, SEDS generated automatic email warnings to the LEA, advising them that proof of compliance needed to be provided to ISBE as soon as possible. The SEDS system continued to send additional email warnings every five days, and ceased once verification of compliance was produced.

Proof of compliance for every case was reviewed by the ISBE Due Process Coordinator to determine if the documentation and assurances were sufficient to demonstrate complete adherence to the hearing decision. In the event the LEA did not demonstrate complete adherence to the hearing decision, the Due Process Coordinator communicated with the LEA to outline the specific documentation required to attain verification of all identified noncompliance. Once verification of compliance was produced, ISBE provided the parties with a letter of closing.

#### Indicator 11 Evaluation

LEAs were required to correct each case of student-level noncompliance by completion of the initial evaluation, unless the child was no longer within the jurisdiction of the LEA. LEAs were also required to utilize the ISBE SPP Indicator 11 Resource Guide as a tool to review and revise policies, procedures and/or practices related to the identified noncompliance. LEAs were required to submit a report to ISBE that detailed the review process and any revisions made to policies, procedures and/or practices to ensure that noncompliance was corrected to 100.0%. As part of ISBE's verification process for the correction of noncompliance, each LEA with findings of noncompliance was also required to document that it was correctly implementing the specific regulatory requirements related to the finding (i.e. achieved 100% compliance) based on a review of updated data.

#### Indicator 12 Transition from Part C to Part B

LEAs with findings of noncompliance were required to develop and implement the IEP or determine the child ineligible, although late, unless the child was no longer within the jurisdiction of the LEA. These LEAs were also required to utilize the SPP Indicator 12 resources on the ISBE website as tools to review, and revise as appropriate, their policies, procedures and/or practices related to the identified noncompliance. LEAs were required to submit a report to ISBE that detailed their review process and any revisions made to policies, procedures and/or practices to ensure that noncompliance was corrected to 100.0%. As part of ISBE's verification process for the correction of noncompliance, each LEA with findings of noncompliance was also required to document that it was correctly implementing the specific regulatory requirements related to the finding based on a review of updated data.

#### Indicator 13 Secondary Transition

LEAs with findings of noncompliance were required to correct individual IEPs that were noncompliant and submit the revised IEPs to ISBE for review. ISBE reviewed the IEPs using the Illinois State Performance Plan Indicator 13 ISBE Scoring Rubric. These LEAs were also required to review and revise their policies, procedures and/or practices related to the identified noncompliance. LEAs reporting that noncompliance for this indicator was due to inaccurate submission of data through the FACTS system were also required to submit a corrective action plan, including at least one new objective in the District Improvement Plan regarding the review and revision of LEA policies, procedures and/or practices to ensure that data were accurately recorded and submitted, and that the revised practices were sustainable.

#### Indicator 20 State-Reported Data

LEAs with district-level findings of noncompliance were required to submit a corrective action plan, including at least one new objective in the District Improvement Plan regarding the review and revision of

LEA policies, procedures and/or practices to ensure that noncompliance was corrected to the level of 100.0%, and to ensure that the new level of compliance was sustainable. LEAs identified with a district-level finding of noncompliance for Indicator 20 as a result of an Indicator 13 desk audit were also required to complete the Transition Self-Assessment (TPSA). LEAs with student-level findings of noncompliance were required to verify that data reported to the State would be valid and reliable.

**Correction of Any Remaining Findings of Noncompliance identified in FFY 2007 or Earlier:**

1. Number of remaining FFY06 findings noted in OSEP's FFY09 APR response table for this indicator	2
2. Number of remaining FFY06 findings the State has verified as corrected	0
3. Number of remaining FFY06 findings the State has NOT verified as corrected [(1) minus (2)]	2

**Additional Information Required by the OSEP APR Response Table:**

Statement from the Response Table	State's Response
The State must demonstrate in the FFY10 APR that the remaining two findings of noncompliance identified in FFY06 that were not reported as corrected in the FFY09 APR were corrected.	The two remaining findings of noncompliance identified in FFY06, which stemmed from one focused monitoring review of an LEA, have not yet been corrected. In the FFY09 APR, ISBE described various enforcement actions taken to address the remaining noncompliance, including professional development, review of student records, and regular meetings with general education and special education administrators of the LEA. The LEA and ISBE entered into a formal intergovernmental agreement in December 2010, allowing for a liaison from ISBE to oversee LEA operations. These technical assistance and enforcement actions have continued, with ISBE facilitating personnel and programmatic changes in the LEA. As one component of ISBE's general supervision oversight responsibilities, ISBE senior leadership across all divisions of the agency have increased the frequency of conference calls with this LEA's administration from monthly to weekly to ensure correct implementation of the specific regulatory requirements.
The State must review its improvement activities and revise them, if appropriate, to ensure they will enable the State to provide data in the FFY10 APR, demonstrating that the State timely corrected noncompliance identified in FFY09 in accordance with 20 U.S.C. 1232d(b)(3)(E), 34 CFR §§300.149 and 300.600(e), and OSEP Memo 09-02.	Through the SPP Improvement Activity Evaluation Process, ISBE staff and management reviewed improvement activities and determined that many of the activities continue to be appropriate. With the exception of the removal of one activity that was completed, only minor revisions were made to the improvement activities, as discussed in the "Revisions" section below. These revisions have been incorporated into the SPP to improve timely

	correction of noncompliance.
<p>In reporting on correction of findings of noncompliance in the FFY10 APR, the State must report that it verified that each LEA with noncompliance identified in FFY09: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY10 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>All instances of noncompliance made in FFY09 have been corrected, with the exception of 42 findings as explained above. Each individual case of noncompliance identified in FFY09 was corrected, unless the child was no longer within the jurisdiction of the LEA. ISBE received clarification on verification of correction requirements from the OSEP Memo 09-02 during its November 2010 verification visit from OSEP. The agency examines updated data from the statewide database as a means of verifying compliance for findings other than student-level findings identified through the State complaint or due process systems. ISBE revised its process of verifying correction to include this component immediately after the OSEP visit.</p>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, three activities were determined to need revisions to accurately reflect the State's current general supervision procedures and practices. One activity needed to be revised to accurately reflect the agency's data collection for findings of noncompliance: 1) ~~Update the Develop~~ procedures for providing timely reminders to staff for SPP Indicators that are not a part of SEDS. A second activity needed to be revised in order to accurately reflect the agency's practices for employing technical assistance and sanctions throughout its general supervision system: 2) Employ technical assistance and sanctions ~~as identified within focused monitoring procedures to address correction of noncompliance~~. Likewise, a third activity needed to be revised to more accurately reflect the agency's practices for employing technical assistance through the general supervision system: 3) Assist LEAs with ~~improvement plans that address corrective actions for issues of noncompliance findings of noncompliance by providing ongoing training and support to ensure subsequent correction~~. Finally, as mentioned above, one activity was completed and could be removed: 1) ~~Complete detailed overview of the Complaint Process system describing features of current system and recommendations of needed changes and improvements~~.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

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

**Indicator 16:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint, or because the parent (or individual or organization) and the public agency agree to extend the time to engage in mediation or other alternative means of dispute resolution, if available in the State.

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

**Measurement:** Percent = [(complaints with reports issued within timeline) plus (complaints with reports issued within extended timelines) divided by (total # of complaints issued)] times 100.

Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2010  (2010-2011)	100.0%
	<b>Actual Target Data</b>
	98.7%

### Resolution of Signed, Written Complaints:

	2009-2010	2010-2011
<b>Number of Reports Issued</b>	92	76
<b>Number of Reports Issued within Timelines</b>	83	66
<b>Number of Reports Issued within Extended Timelines</b>	9	9
<b>Percentage</b>	<b>100.0%</b>	<b>98.7%</b>

### Data Source

Data on complaints are maintained by ISBE's conflict resolution staff members via the Special Education Data System (SEDS). These data are the same as the State's 618 data reported in Table 7.

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

ISBE saw slippage in performance in FFY10 (98.7%) as compared to FFY09 (100.0%), as one report was not issued within timelines or extended timelines. Upon review, the identified slippage for the one report was determined to be a unique internal timeline issue specific to the particular case (eight days beyond the established timeline), rather than a systemic concern. Although the measurable and rigorous target was not met, the improvement activities listed for Indicator 16 in Illinois's State Performance Plan were

implemented during 2010-2011. ISBE will continue with data collection, data analysis, needs assessment, training and timeline oversight through the complaint module within the SEDS data system. The analysis of complaint data to drive agency decision making regarding training activities will continue on an ongoing basis. Investigators will continue to receive SEDS timeline reminders throughout the complaint process, including when a complaint is at risk of failing to meet timelines. Division management will continue to monitor complaint timelines and schedule regular meetings with individual complaint investigators in order to address timeline issues and maintain consistency across the investigative process. ISBE will also continue to impose sanctions against LEAs who fail to comply with required corrective actions.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that all current improvement activities would continue to be implemented as written.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

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

**Indicator 17:** Percent of adjudicated due process hearing requests that were adjudicated within the 45-day timeline or a timeline that is properly extended by the hearing officer at the request of either party or in the case of an expedited hearing, within the required timelines.

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

**Measurement:** Percent = [(adjudicated hearing decisions within timeline) plus (adjudicated hearing decisions within extended timeline) divided by (total number of adjudicated hearings)] times 100.

Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2010	100.0%
(2010-2011)	<b>Actual Target Data</b>
	58.3%

### **Adjudicated Due Process Hearing Requests**

	2010-2011
<b>Total Adjudicated Cases</b>	12
<b>Number of Decisions Within the 45-Day Timeline</b>	1
<b>Number of Decisions Within Properly Extended Timelines</b>	6
<b>Number of Decisions Outside of the Timelines</b>	5
<b>Percentage of Compliance</b>	<b>58.3%</b>

For FFY10, 12 hearing requests were fully adjudicated. One of the 12 hearing requests was adjudicated within the 45-day timeline, while 6 of the 12 requests were adjudicated within a timeline that was properly extended via a request of one or both of the parties. Five hearing requests were adjudicated outside of timelines.

### **Data Source**

Data on adjudicated due process hearing requests are maintained by ISBE's conflict resolution staff members via the Special Education Data System (SEDS). These data are the same as the State's 618 data reported in Table 7.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

ISBE's data show progress from 27.3% in FFY09 to 58.3% in FFY10. However, the measurable and rigorous target for this indicator was not met. ISBE received clarification on timeline extensions for due process hearing decisions during its November 2010 OSEP verification visit that the criteria for timely extensions are to include both: (a) an extension of time granted prior to the expiration of the 45-day timeline or the previously extended timeline; and (b) an issuance of a new "decision due date" to all parties. In response to the concerns raised by OSEP, ISBE initiated new procedures beginning in March 2011 concerning the manner in which extensions of time were granted by hearing officers. The procedures created a series of prompts and reminders for hearing officers in the SEDS system to ensure that hearing officers were conscious of timelines through the hearing process for each and every assigned case. In addition, the new procedures ensured that hearing officer were properly calculating extensions of time and that new decision-issuance dates were supplied in all notices to parties.

ISBE believes that the initiation of new procedures for issuing extensions of time led to improvement on this Indicator. In light of these recently implemented procedures, ISBE expects continued improvement in Indicator 17 data in coming years. Thus far, 2 of the reported 12 cases utilized the new procedures and both complied with all required timelines. The remaining improvement activities listed for Indicator 17 in Illinois's State Performance Plan were implemented as written to ensure compliance with timeline requirements. ISBE will continue with data collection, data analysis, needs assessment, training and timeline oversight for the SEDS due process hearing module. ISBE provides intensive, ongoing training and technical support for the hearing officers, including emphasis on the necessity of complying with timelines and SEDS training. The analysis of due process hearing data to drive agency decision making regarding training activities will continue on an ongoing basis. Hearing officers will continue to receive SEDS timeline reminders throughout the hearing process, including when a case is at risk of failing to meet timelines. ISBE will also continue to complete hearing officer evaluations, via an independent performance evaluator, as well as monitor hearing officer caseloads and timelines to ensure prompt and appropriate hearing officer remediation or professional support. In addition, ISBE continues to work with the Illinois State Advisory Council for Students with Disabilities (ISAC) to develop recommendations for future regulatory and statutory changes to the due process system. ISBE believes that further alignment of Illinois legal provisions with the requirements of IDEA will result in greater efficiency in the system overall.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that two activities needed to be added: 1) Develop new forms and warnings reminding hearing officers to include required information on extension of time orders, including new decision-issuance dates and 2) Evaluate job performance of individual hearing officers by assessing hearing officer compliance with data requirements associated with all hearing timelines and extensions of time. The first activity was added under Section A to reflect the new procedures and safeguards that were added to the data tracking system to ensure consistency in the use of decision-issuance dates in all extension of time orders. Also, as a reflection of the ongoing performance evaluation process for hearing officers, the second activity was added to Section H to describe efforts to assess hearing officers' performance, in part, on compliance with the new data tracking procedures.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

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

**Indicator 18:** 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))

**Measurement:** Percent = [(resolution session settlement agreements) divided by (total number of resolution sessions)] times 100.

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

FFY	Measurable and Rigorous Target
2010	45.0% - 65.0%
(2010-2011)	<b>Actual Target Data</b>
	31.3%

### Resolution Sessions

	2009-2010	2010-2011
<b>Total Resolution Sessions</b>	89	96
<b>Total Resolutions</b>	39	30
<b>Percentage of Cases Resolved</b>	<b>44.0%</b>	<b>31.3%</b>

For FFY10, parties in 96 of the 298 due process hearing requests participated in a resolution session. Of the 96 cases for which a resolution session occurred, 30 cases produced an agreement between the parties, resulting in termination of the case at the end of the resolution session, for a rate of 31.3%. The data for FFY10 fall outside of the identified measurable and rigorous target range of 45-65%. Therefore, ISBE did not meet its measurable and rigorous target for this indicator.

### Data Source

Data on resolution sessions are maintained by ISBE's conflict resolution staff members via the Special Education Data System (SEDS). These data are the same as the State's 618 data reported in Table 7.

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

ISBE had slippage for FFY10 (31.3%) as compared to the FFY09 percentage (44.0%) and did not meet its measurable and rigorous target. However, in analyzing the available data on Resolution Sessions in Illinois, there is not a clear cause for the slippage this past year. ISBE will continue to analyze possible reasons for this slippage. The improvement activities listed for Indicator 18 in Illinois's State Performance

Plan were implemented. When considering the slippage for FFY10 it was decided that all remaining improvement activities should continue, with emphasis on technical assistance and support to parents and LEAs as a means of conveying the importance of the resolution process in addressing due process disputes. ISBE will also continue with data collection, data analysis and information dissemination related to resolution sessions. In January 2011 ISBE posted new procedures for the tracking and monitoring of resolution session outcomes on its website. Multiple training opportunities for LEAs and due process hearing officers regarding the new procedures were provided through the course of 2011. ISBE continues to provide information to stakeholders in the form of presentations to a range of representative groups on the resolution process and alternative dispute resolution mechanisms. ISBE provides information to the public regarding resolution sessions through presentations at the Illinois Alliance of Administrators of Special Education (IAASE) conferences, the Illinois State Advisory Council on the Education of Children with Disabilities (ISAC) meetings, the Parent Leadership Conference, the Annual Special Education Directors Conference and other forums. As information becomes available, ISBE continues to disseminate data on the resolution process and its effectiveness in Illinois to interested parties through public presentations to representative stakeholder groups as well as published instructional materials on the ISBE website.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that two activities needed to be revised. The first activity was revised to reflect changes to procedures for securing resolution data: 1) Utilize data warehousing capabilities to monitor, on a ~~bi-weekly~~ an ongoing basis, ~~ongoing active~~ due process cases to ensure that resolution process ~~procedures data~~ are being monitored and employed effectively by hearing officers and parties reported promptly to ISBE by the parties. Data derived from the monitoring process will be ~~shared in the form of periodic reports provided to hearing officers~~ analyzed to determine whether procedures are being completed in a timely manner and that outcomes are reported accurately. The second activity was revised to more accurately reflect current systems being utilized: 2) Obtain data on resolution session outcomes, using ~~confidential surveys or other~~ selected data gathering tools available in the SEDS system, to assess actual results and ~~to determine the durability of agreements reached~~ outcomes. When considering the slippage for FFY10 it was decided that all remaining improvement activities should continue, with emphasis on technical assistance and support to parents and LEAs as a means of conveying the importance of the resolution process in addressing due process disputes.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

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

**Indicator 19:** Percent of mediations held that resulted in mediation agreements.

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

**Measurement:** Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2010  (2010-2011)	75.0% - 85.0%
	Actual Target Data
	71.6%

#### Percent of Mediations Held That Resulted in Mediation Agreements:

	2009-2010	2010-2011
Number of Mediations Held	134	148
Number of Mediations Resulting in Mediation Agreements	104	106
Percentage	78.0%	71.6%

#### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Mediation counts provided by the Division of Special Education and Support Services documented 71.6% of mediations held resulted in mediation agreements for FFY10. This percentage represents slippage from FFY09 when 78.0% of mediations held resulted in mediation agreements. ISBE did not meet its measurable and rigorous target for Indicator 19 for FFY10. While there has been a slight increase in the number of mediations requested and held, there has been a 6.4% decrease in mediation agreements. In an effort to determine the reason for the slippage, FFY10 data regarding the 42 cases that did not result in a written agreement were pulled from the database and the results of the evaluations were analyzed. The consensus of the analyses of these data includes the following: 1) the issues are becoming more complex and difficult; 2) parties are less willing to negotiate and bring unrealistic demands/expectations; and 3) the issues of educational placement and independent educational evaluations were the focus in the majority of cases that did not reach an agreement.

During 2010-2011 the improvement activities listed for Indicator 19 in Illinois' State Performance Plan were implemented. Mandatory mediator training was held for the ISBE-contracted mediators for the purpose of providing professional development on writing durable agreements, special education regulations, IEP development, conflict resolution tools and the Mediation Module of the Special Education Database System (SEDS). It is imperative that mediators be well versed in utilizing SEDS, a web-based system, to enhance case management and ensure accurate data are entered into the system; therefore, ongoing training is necessary. ISBE will continue with data collection, data analysis, timeline oversight and training across the

mediation module in SEDS. Mediators continue to receive a subscription to *Special Education Connections*, and possess the ability to research identified areas of dispute, as appropriate.

ISBE will continue to provide multiple methods of technical assistance to parents regarding dispute resolution options and training to mediators in relation to recent developments in special education, mediation procedures and mediator responsibilities. Mediators continue to be invited to attend additional professional development opportunities via the Special Education Leadership Academy (SELA) throughout the year. Many mediators have attended these workshops and gained valuable knowledge that have assisted them in successfully mediating cases. The ISBE website provides parents and LEAs with resources related to dispute resolution, specifically the state-sponsored mediation. The ISBE mediation webpage includes a "Mediation Question and Answer" document, as well as a "How to Prepare for Mediation" document. A mediation brochure is also posted on the webpage. A mediation podcast is in the final stages of development and will be produced prior to the close of the fiscal year.

ISBE continues to utilize the Survey Monkey online evaluation tool for collecting participant feedback relative to the mediation experience. The evaluation survey is mailed to all parties as an option for those who do not have access to the internet. The return rate for mediation evaluations has increased with the use of the online survey. Evaluation processes and results will continue to be used to improve the mediation system and obtain a larger survey return rate. Trends and recommendations will continue to be examined to inform the need for additional trainings or revisions to SPP improvement activities and the mediation system.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that all current improvement activities would continue to be implemented as written.

## Part B State Annual Performance Report (APR) for FFY 2010 (2010-2011)

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

**Indicator 20:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

**Measurement:** State reported data, including 618 data, State Performance Plan and Annual Performance Reports are:

- a. submitted on or before due dates (February 1 for child count, including race and ethnicity; placement; November 1 for exiting, discipline, personnel and dispute resolution; and February 1 for Annual Performance Reports and assessment); and
- b. accurate, including covering the correct year and following the correct measurement.

FFY	Measurable and Rigorous Target
2010  (2010-2011)	100.0%
	<b>Actual Target Data</b>
	100.0%

#### **Data Mechanisms:**

ISBE employs multiple mechanisms to ensure the accuracy of state data submitted to OSEP. The special education Funding and Child Tracking System (FACTS) is a computerized tracking system for eligible children under IDEA. It is used to meet reporting requirements for children with disabilities in the State. Each LEA electronically submits its data on students with disabilities. These data document each child's name, type of disability, age, race/ethnicity and educational environment. In addition, personnel data are included in FACTS. Edit checks are incorporated into the system to identify data errors. Cross checks have also been incorporated into the system to detect possible duplications of children in the State. Examples of edit checks include: identification of individual students (name, birth date), educational placement, exit code and anticipated post-secondary services. The Division of Special Education and Support Services maintains ongoing communication with other relevant divisions within the agency to assist and enforce timely reporting. ISBE maintains a FACTS instruction manual on its website, and provides technical assistance, both onsite for LEAs and during state conferences, via the Harrisburg Project. Counts are compared with prior year counts for reasonableness of fluctuation and other information.

ISBE also uses the Illinois Student Information System (SIS) to ensure the accuracy, validity and reliability of data reported to OSEP. Numerous edit checks have been built into this system to ensure the accuracy of enrollment, assessment, graduation and dropout data, which are publicly reported for each LEA across the State. ISBE provides extensive technical assistance to LEAs on proper procedures and definitions with regard to data submissions to ensure data are timely, accurate and reliable at both the LEA and SEA levels. Additional information regarding these data systems and the technical assistance provided can be found below.

**Actual Target Data for FFY 2010 (2010-2011):**

Illinois used the Indicator 20 Scoring Rubric to report using the following definitions:

1 = State met the requirements for the given APR indicator or 618 data collection

0 = State did not meet the requirements

N/A = The requirement is not applicable to the State

**SPP/APR Data**

- 1) **Valid and Reliable Data** – Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).
- 2) **Correct Calculation** – Result produced follows the required calculation in the instructions for the indicator.
- 3) **Timely** – All data for the APR are submitted on or before February 1, 2012.

**618 Data**

- 1) **Timely** – Data for tables for 618 are submitted on or before each tables' due date.
- 2) **Complete Data** – No missing sections. No placeholder data. State-level data include data from all LEAs or agencies.
- 3) **Passed Edit Checks** - 618 data submissions do not have missing cells or internal inconsistencies. (See <https://www.ideadata.org/618DataCollection.asp> regarding data edits).
- 4) **Responded to Data Note Requests** – Provided written explanation, as requested, of year-to-year changes for inclusion in Data Notes to accompany 618 data submissions.

SPP/APR Data - Indicator 20			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1		1
2	1		1
3A	1	1	2
3B	1	1	2
3C	1	1	2
4A	1	1	2
4B	1	1	2
5	1	1	2
7	1	1	2
8	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
14	1	1	2
15	1	1	2
16	1	1	2
17	1	1	2
18	1	1	2
19	1	1	2
		<b>Subtotal</b>	40
<b>APR Score Calculation</b>	<b>Timely Submission Points -</b> If the FFY 2010 APR was submitted on-time, place the number 5 in the cell on the right.		5
	<b>Grand Total - (Sum of subtotal and Timely Submission Points)</b> =		45.00

<b>618 Data - Indicator 20</b>					
<b>Table</b>	<b>Timely</b>	<b>Complete Data</b>	<b>Passed Edit Check</b>	<b>Responded to Data Note Requests</b>	<b>Total</b>
<b>Table 1 - Child Count Due Date: 2/1/11</b>	1	1	1	1	4
<b>Table 2 - Personnel Due Date: 11/2/11</b>	1	1	1	N/A	3
<b>Table 3 - Ed. Environments Due Date: 2/2/11</b>	1	1	1	1	4
<b>Table 4 - Exiting Due Date: 11/2/11</b>	1	1	1	N/A	3
<b>Table 5 - Discipline Due Date: 11/2/11</b>	1	1	1	N/A	3
<b>Table 6 - State Assessment Due Date: 12/15/11</b>	1	N/A	N/A	N/A	1
<b>Table 7 - Dispute Resolution Due Date: 11/2/11</b>	1	1	1	N/A	3
<b>Table 8 - MOE/CEIS Due Date: 5/1/11</b>	1	N/A	N/A	N/A	1
				<b>Subtotal</b>	22
<b>618 Score Calculation</b>			<b>Grand Total (Subtotal X 2.045) =</b>		45.00

<b>Indicator #20 Calculation</b>	
A. APR Grand Total	45.00
B. 618 Grand Total	45.00
C. APR Grand Total (A) + 618 Grand Total (B) =	90.00
Total N/A in APR	0
Total N/A in 618	0
<b>Base</b>	<b>90.00</b>
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.00

\*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.045 for 618

Based upon the calculation provided by the Indicator 20 scoring rubric, Illinois has met the measurable and rigorous target of 100% for Indicator 20 in FFY10.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:**

***Explanation of Progress or Slippage:***

ISBE maintained 100.0% compliance on Indicator 20 from FFY09 to FFY10 and met the measurable and rigorous target. ISBE believes that the completion of Indicator 20 improvement activities contributed to the sustainability of 100.0% compliance. ISBE special education staff continued to work collaboratively with other divisions within the agency to ensure timely collection of required data elements for federal reporting and to link and integrate agency data systems. In addition, desk audits for data submitted by LEAs were conducted. Finally, ISBE continues to provide targeted technical assistance for LEAs that fail to meet submission deadlines. In reference to specific indicators, ISBE completed the following improvement activities:

Indicators 1: The Division of Special Education and Support Services worked collaboratively with the Division of Data Analysis and Progress Reporting to provide technical assistance to LEAs on proper reporting of graduation data through the annual School Report Card data submission.

Indicator 2: The Division of Special Education and Support Services worked collaboratively with the Division of Data Analysis and Progress Reporting to provide technical assistance to LEAs on proper reporting of dropout data through the Student Information System (SIS).

Indicator 3 and Table 6: The Division of Special Education and Support Services worked collaboratively with the Division of Data Analysis and Progress Reporting and Division of Assessment to ensure timeliness, accuracy and reliability of statewide assessment data. All LEAs in Illinois are now using the SIS, which greatly enhances Illinois' ability to verify the accuracy of assessment participation and performance data.

Indicator 4 and Table 5: The Division of Special Education and Support Services worked collaboratively with the Division of Data Analysis and Progress Reporting to provide technical assistance to LEAs on the proper reporting of discipline data through the SIS.

Indicators 5 and 6 and Tables 1, 2, 3 and 4: The Division of Special Education and Support Services worked collaboratively with the Division of Funding and Disbursements and Division of Early Childhood to provide technical assistance to LEAs on proper reporting of child count, personnel, educational environment and exiting data through the FACTS.

Indicator 7: Illinois continued to provide technical assistance to LEAs regarding the reporting of Early Childhood Outcomes Data during FFY10. Illinois has incorporated this data collection into the SIS to further ensure timely, valid and reliable submission of these data from LEAs.

Indicator 8: Illinois has fully examined the representativeness of the survey respondents to the population of parents of students with disabilities statewide, as discussed in Indicator 8 of the APR.

Indicator 9 & 10: Illinois analyzes both overrepresentation and underrepresentation in terms of LEA data.

Indicator 11: The Division of Special Education and Support Services worked collaboratively with the Division of Funding and Disbursements to provide technical assistance to LEAs on proper reporting of child find data through the FACTS.

Indicator 12: Illinois continues to collaborate with the Department of Human Services (DHS) through a data sharing agreement to ensure the timeliness, accuracy and reliability of early childhood transition data. These data are used to: 1) follow up with LEAs that received referrals on children but had unsuccessful transitions and 2) correct any data reporting errors by the local Part C agencies.

Indicator 13: The Division of Special Education and Support Services worked collaboratively with the Division of Funding and Disbursements to provide technical assistance to LEAs on proper reporting of secondary transition data through the FACTS. FACTS requires the collection of these data on a student level for every student who is 14½ years or older. Illinois continued to provide extensive training and technical assistance to LEAs on the collection of Indicator 13 data, with emphasis on the use of the NSTTAC checklist. This checklist helps LEAs determine if a student's transition plan has coordinated, measurable, annual IEP goals and transition services, making the Indicator 13 data reported through FACTS an accurate reflection of the status of the student's transition plan.

Indicators 15 – 19 and Table 7: Illinois continues to enhance SEDS to provide for the collection of general supervision and monitoring data. SEDS modules have been added to cover all aspects of Illinois' general supervision system including: complaints, mediations, due process hearings, resolution sessions and focused monitoring. These enhancements help ensure that Illinois can provide timely, accurate and reliable data for Indicators 15 through 19. In addition, ISBE conducts data verifications/desk audits for LEA-reported data. Findings of noncompliance are issued to LEAs when noncompliance is found as a result of this process.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:**

After completing the SPP improvement activity evaluation process, which included reviewing improvement activities for this specific indicator, it was determined that all current improvement activities would continue to be implemented as written.